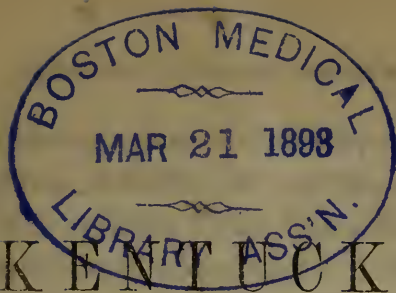


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KENTUCKY

MEDICAL RECORDER.

VOL. III. LOUISVILLE, KY., SEPTEMBER, 1853. NO. 1.

DR. CARTWRIGHT AND THE MOTIVE POWER OF THE CIRCULATION.

A short time since the profession was startled by the announcement, under the sign manual of Dr. Cartwright, a name not unknown to fame, that a theory, which placed the motive power of the circulation in the Lungs, instead of the Heart, had been demonstrated to be true, by certain experimental vivisections practiced upon the Alligator, by Dr. Bennet Dowler of New Orleans.

"Confirmation of the Willardian or Important American Discovery, that the Chief Motive Power of the Arterial Blood is in the Lungs; by Sam'l A. Cartwright M. D., New Orleans, late of Natchez." Such was the imposing heading of an essay or essays, in which the author complacently proclaimed the overthrow of what he very complacently termed, "the hypothesis of Harvey locating the principal forces of the circulating fluids in the heart." Now we have carefully studied the essays in question, and weighed as fairly as we are capable of doing, the singular propositions in connection with the experiments which are relied upon as confirming them, and we are utterly unable to discover that a single ray of new light has been thrown upon the problem of the circulation, either by the experiments of Dr. Dowler, or the reasoning of Dr. Cartwright. The experiments have demonstrated what no one doubted, and what had been received as a truism from the inspired lips of the Psalmist, 'Thou takest away their breath they die and return to their dust'; but more than this they have not accomplished. We cannot discover that they prove anything beyond the fact, that the suspension of respiration

will destroy life if continued beyond a certain period of time, and that this period varies in different animals. That the Alligator for instance, and other reptiles, are remarkable for the facility with which they regain their vital activity after protracted suspension of their respiration, whilst the mammalia perish irrecoverably if this function be suspended for only a few minutes.

The Dr., like other enthusiasts, who believe themselves the discoverers of new truths, by which old errors are to be exploded, is guilty of a two-fold extravagance. In the first place he goes too far in stating the position of Physiologists in reference to the motive power of the circulation, and in the second place, he does himself injustice in suffering his zeal in behalf of his new theory, to make him appear in the attitude of an opponent of the great discovery of the immortal Harvey.

Modern Physiologists do not, as Dr. C. seems to maintain, hold that the heart's action is the exclusive motive power of the circulation, nor indeed do they attach less importance to the *hæmeto kintic* power, which has its source in the capillaries, than even Dr. C. himself; but what they do maintain is that this latter power co-operates with that which results from the action of the heart arteries and veins, and also with certain external physical forces as atmospheric and muscular pressure, and that all of these are to be considered and duly appreciated before the circulation can be adequately explained. Dr. C. does not deny that the circulation is dependent in some degree, at least, upon the action of the heart arteries and veins, nor will he question the influence of atmospheric pressure, and of muscular contraction in maintaining or aiding the onward movement of the blood after it has reached the veins; nor on the other hand will any Physiologist of the present time hesitate to admit the existence of important auxiliary motive action in the capillaries. The difference between Dr. C. and other Physiologists, has reference simply to the relation in degree and time, which the capillary force bears to the other admitted forces of the circulation, and this difference has more especial reference to the capillary force of the Lungs.

Now with the view of estimating the value of Dr. C.'s sup-

posed discovery, we propose to examine briefly the reasoning and the experiments upon which his claims repose.

In the first place the Dr. seems to attach great importance to what he calls, "The Mosaic Physiology"; but for the life of us we cannot perceive the connection between his new theory of the circulation, and the declaration of Moses, that "the blood is the life of the flesh." No one questions this truism. That the flesh derives its support and nourishment from the blood is too plain a proposition to need comment. But how the Dr. can make this truth afford support to his theory of the motive power of the blood, is beyond our comprehension. Admitting that the blood is the life of the flesh, we can readily understand how important it is to the maintainance of life that this fluid should be distributed by some sufficient motive power, with uniform regularity, through all parts of the body; but the necessity for this distribution no more explains the mode of its accomplishment, than the necessity for food explains the process of digestion. Not being able therefore to perceive the bearing of this Mosaic proposition upon the important question of the motive powers of circulation, we shall not stop to discuss the merits of the Dr's emphatic command, "Back to Moses then let Young America go to take a fresh start in Physiology and Psycology," but content ourselves with a brief examination of the more pertinent parts of his essay.

"My experiments," says the Dr., "prove that the life of the blood is derived from the atmospheric air, and that the air alone, without aid from the heart at all, is its main and principal motive power." This is a tangible proposition boldly presented, and capable of such physiological analysis as may enable us to determine its truth or falsity.

It must be remembered that the animal upon which these experiments were made, is accustomed to protracted suspension of respiration in consequence of frequent submersion, which often continues indeed quite as long as the period of supposed suspended animation, produced by the ligation of the trachea in the experiments under consideration. It is not therefore surprising that one or two hours of suspended respiration, produced in the mode practiced by Dr. C., should have failed to destroy the life of this animal, accustomed, as

it is, to even longer periods of apnœa, in consequence of its repeated voluntary submersion. We are not, therefore, prepared to admit that the animals which were the subjects of Dr. C.'s experiments were really dead, nor even that the circulation had been temporarily suspended, except so far as the lungs were concerned. That the general circulation was not suspended, and therefore the animals not dead, we think can be easily demonstrated by a brief examination of the peculiarities of the circulation of these animals, and also by reference to the experiments themselves.

The Alligator or Crocodile is the highest of the class of vertebrate animals known as reptiles, and is provided with a much more perfect heart than the inferior members of the group; but even in the Alligator the heart is not absolutely double, or at least the arrangement of its arterial trunks is such as to admit of almost as complete an admixture of the venous and arterial blood as occurs in this class generally. The heart of the Reptilia generally has but a single ventricle, so that the blood of both auricles becomes mixed in the single ventricle. In the Alligator, however, the heart has two ventricles and is hence anatomically a double heart, but instead of the aorta being given off exclusively from the left ventricle, so as to receive only arterial blood, a branch of it comes from the right ventricle and unites with that from the left, after the latter however has given off the the cerebral arteries. From this arrangement it is evident that the brain alone receives the pure arterial blood, all other parts of the body being supplied with blood partly venous and partly arterial.— Besides this communication between the two sides of the heart, there is another communication which is permanent in this animal, and which is the archetype of the ductus arteriosus of the foetal condition of birds and mammals.

Now from this anatomical arrangement, it is evident that the suspension of respiration, and the consequent arrest of the circulation of the blood through the lungs, would not be necessarily followed by an immediate arrest of the greater or systemic circulation, since the venous blood can pass readily from the right ventricle into the aorta, and thus an imperfect vital fluid be kept moving through the general system, even af-

ter the cessation of the circulation through the lungs. But the supply of pure arterial blood being cut off from the brain, and venous blood being sent to this organ in its stead, the necessary immediate result should be a condition of profound lethargy, notwithstanding the partial continuance of the general circulation, and this seems to have been the condition of the animals which were the subjects of Dr. C.'s experiments. That the general or systemic circulation was not suspended is proved by a statement of his own, which he gives in the following words: "Both animals in less than an hour after the ligation of the trachea were dead. The one whose viscera had been exposed died as soon as the other. When pinching, burning, and piercing the most sensitive parts of the body ceased to cause motion or to produce sensation, the first one operated on was replaced on the table, and the viscera of the throat and abdomen exposed by dissection. An artery was accidentally cut and a profuse hemorrhage was the consequence."

We have known blood to flow somewhat freely from a divided vein in dead bodies, where death had occurred under circumstances to favour its continued fluidity, but we submit whether it is not a most extraordinary, if not an unknown occurrence, for profuse hemorrhage to occur from the artery of a dead animal!

In another experiment, "On opening the pericardium the auricle of the heart happened to be pierced, the hemorrhage was profuse." Now in both of these animals the Dr. failed to produce resuscitation by insufflation of the lungs, a failure which he very properly attributes to the loss of blood, and when it is considered that this loss of blood occurred from wound of an artery in one case, and of the heart in the other, whilst the animals were, according to the experimenter, dead, we are forced to conclude that the death was apparent and not real, and that the real condition was one of profound lethargy, produced by the presence of unarterialized blood in the brain, or in other terms, that the animals were in a state of asphyxia, in which however the general circulation was not altogether suspended, as it would have been in a mammal under like circumstances; the stagnation of blood being confined to the lungs, and the animals reduced to the condi-

tion, so far as their circulation was concerned, of the foetal mammal, or of a lower reptile. Now it is well known that in an animal provided with a complete double circulation, and not therefore accustomed to have unarterialized blood thrown into any part of its system, the suspension of respiration is followed by arrest of circulation in the systemic as well as the pulmonary capillaries, and death very speedily ensues; but in animals accustomed to the presence of venous blood in the systemic capillaries, the capillary stagnation is only partial in the case of the general circulation, for some time, varying from one to many hours, after it is complete in the lungs.

We assume, therefore, that the Alligators in question were not dead, and that Dr. C. is mistaken in supposing that his experiments were followed by any phenomena to justify his assumption of the discovery of a new motive power of the circulation, or even a new mode of resuscitating asphyxiated animals. But we will cheerfully concede to him a praiseworthy zeal, in endeavoring to enforce the recognition of a fact admitted by all modern physiologists, of the existence of a "capillary power" which affords a necessary condition for the movement of the nutritious fluid, through those parts in which it comes into more immediate relation with the solid, but we cannot discover that he has thrown a single ray of new light upon the question of the "nature of that power."

Memoir upon some of the Gastro-intestinal Diseases of Early Infancy.—By. Dr. RILLIET, Physician-in-chief of the Geneva Hospital. [Gazette Medicale de Paris.]

(Translated for the Virginia Medical and Surgical Journal.)

If authors differ in opinion in regard to the intimate nature of the affection to which some have given the name of softening the stomach (Yaeger,) others of cholera infantum (Deweese, Condie,) of cholerine Adrien, Bourgeois,) of acute inflammation of the glands of Peyer (Friedleben, Flesch,) of choleriform enteritis (Trousseau), they are unanimous in the descriptions which they give of this disease, one of the gravest to which infancy is subject. There is as much concordance

in the various descriptions of the symptoms, as there is discordance in the opinions in regard to the proximate cause of the disease. The facts which I have collected or consulted add to the nosographical unanimity, but they do not affect in the least the anatomical discrepancies. We shall see in studying this question more closely, one acquires the conviction of the truth of the proposition which I have already established in relation to a more advanced period of childhood, viz: that *identical symptomatic appearances do not correspond to invariable anatomical lesions*.

In fact, the different names which authors have given to an affection which is always identical, correspond to the three principal conditions in which the gastro-intestinal tube has been found after death. The name of *softening of the stomach* has been assigned to this disease in those cases in which a gelatiniform softening has been discovered in the great curvature of the stomach, or in those in which it has been suspected that this softening existed. It has been called choleric form enteritis, or inflammation of Peyer's glands, when the gastric mucous membrane was found to be healthy, while that of the intestine was generally or partially inflamed. Finally it has been occasionally denominated cholera infantum, because in a certain number of cases, no lesions, or altogether insignificant lesions, have been detected in the digestive tubes.

If the names differ, the disease itself is none the less characterized by an uniformity of symptoms, and by regularity in its progress. But before presenting a picture of the gravest form to the reader, I should first describe a mild form of the affection, which I have often met with in practice.

1. *Mild Acute or Subacute Catarrhal Enteritis*. This disease is one of those most frequently observed during the first two years of life, in city practice. The causes may be summed up as the age, the process of dentition, bad nourishment, and climate.

The most notable, and often the only symptom, is diarrhœa; vomiting is rare; the abdomen is usually large, resonant, generally insensible upon pressure; the tongue is moist, the appetite is not lost, but it is irregular and capricious.—The evacuations occur many times during the day, accompanied or not by colic; they are variable in their nature, frequently yellowish or greenish, mixed with mucus, with fragments of undigested caseine, if the children are still at the breast, or with portions of food, if they are weaned. The little patients have flaccid muscles, and pale faces, with a dark ring about the eyes; fever is not usually present, unless dentition is difficult, or some other complication supervenes; the children do not ordinarily keep their beds.

In other cases the symptoms are rather more acute; the face

is flushed, there is thirst and often cholic. The child is very irritable, the pulse is frequent, the skin is rather hot.

Whatever may have been the commencement, the symptoms above indicated, and the diarrhœa in particular, persist at least for eight days, often for a fortnight or even a month. Usually the disease is shorter in proportion as the onset has been sudden and as the symptoms resemble those of the normal enteritis of older children; while in those cases in which the diarrhœa is altogether apyretic and unaccompanied by emaciation and other disagreeable symptoms, the duration is usually longer; and the symptoms are then observed to persist beyond fifteen days, without any great suffering on the part of the child. If the disease is to terminate in recovery, as is generally the case, the stools diminish in number and augment in consistence; they present characters indicative of better digestion; at the same time the appetite revives, the thirst, if it existed, disappears, the pallor of the countenance is supplanted by the rosy hue of health. But it may happen that the mild form may be the precursor of the grave acute form, or of the chronic form; then the series of symptoms which characterize these two varieties appear.

Cholericform Enteritis.—This disease prevails in summer or in autumn; it attacks children of less than two years of age, usually those who are delicate, who have hereditary predisposition to disease, or have been subjected to debilitating causes, especially to bad nourishment.

The affection occurs sometimes in the midst of apparent good health, and at other times in children who have suffered for some weeks from derangements of the digestive organs. The latter is much the most frequent mode of attack. During this incipient stage the different signs of the mild form are observed. After a week or two, the scene suddenly changes, and a series of symptoms are displayed indicative of a disease of the greatest danger. Incessant vomiting, accompanied by serous dejections, almost constantly mark the onset; sometimes they are absent; diarrhœa alone exists; the abdomen presents nothing peculiar, it is rarely painful.—The thirst is extreme; the tongue is slightly white and moist; the pulse is frequent, but the temperature of the skin is rarely elevated. The countenance is sad, dejected, spiritless; the eyes are already sunken. There is either agitation, irritability, and jactitation, or more rarely, prostration and inertness. After a variable duration of these symptoms, occasionally after the lapse of a few hours, more frequently at the end of two to four days, the scene changes. The countenance is greatly altered, the eyes are dull and deeply sunken, the cheek-bones are prominent, the mouth has fallen in. The agitation has been succeeded by inertness, the emaciation is extreme, the child has melted away. The thirst is insatiable.

surface pallid and icy cold, especially at the nose and extremities; the pulse is miserable, the prostration complete, the child offers no symptoms of sensibility, the soft, flaccid, painless abdomen can be grasped like a linen rag. The vomiting and diarrhoea continues. If the disease is to terminate fatally, as is usually the case when the symptoms have attained this degree of severity, the child dies cold and exhausted. The vomiting ceases at last, but the diarrhoea usually persists to the close, as well as the thirst. The respiration is accelerated, and accompanied by a slight stertor. If the disease is to have a favorable issue, the alarming symptoms are dissipated in twenty-four or forty-eight hours. The pulse resumes its firmness, the skin its warmth. The countenance exhibits more vivacity; there is no longer that dull eye and moribund aspect which was so disquieting. The vomiting is arrested, the diarrhoea is moderated, little by little the thirst diminishes; this symptom and the emaciation are the last to disappear.

It is difficult to determine the duration of the disorder in a precise manner. We may nevertheless, as in certain forms of bronchitis and subacute broncho-pneumonia, distinguish three periods; the prodromic, the period of augmentation or danger, and the decline. Thus, as in broncho-pneumonia, the grave affection is often preceded by a mild form corresponding to a tracheo-bronchial catarrh of little importance, which for many days precedes the serious symptoms of suffocative catarrh. Whether the disease has commenced with or without prodromes, the period which may be called the period of danger, is always short, and rarely exceeds at the utmost three days. The period of decline in the fortunate cases is usually protracted; two or three weeks elapse before the child recovers its strength, appetite and colour. In this respect there exists a great difference between children suffering from subacute bronchial and intestinal catarrh. This difference is explained by the abundance of the dejections, and the derangements of the innervation of the great sympathetic in cholera infantum, whilst in suffocating catarrh the nervous system plays a less important part, there being only a temporary derangement of the hæmatisation, which disappears when the atmospheric and sanguineous circulations are re-established in the lungs.

The German authors have divided the disease into two periods, one of reaction, the other of paralysis. The first includes the restlessness, thirst, loss of appetite, vomiting, diarrhoea, emaciation and fever; the second, the loss of strength, the flaccidity of the abdomen, the coldness, the feebleness of the pulse, etc.

According to Dr. Fischer, the entire duration of the dis-

ease is from six to eight days. Camerer asserts that it may terminate fatally in twenty-four hours.

It being frequently difficult to determine when the disease commenced, it is not easy to ascertain its total duration. In the most brief case which I have met with, death took place in three days from the onset. The fatal termination is usually prompt in proportion as the child is young.

By the side of this super-acute form another may be placed which establishes the transition between the acute, mild, choleric and chronic varieties, and which corresponds to the acute or subacute broncho-pneumonia. In this form the diarrhoea indicates the onset, and after a more or less protracted prodromic diarrhoea, which does not greatly enfeeble the child, the symptoms which we have enumerated are observed with this difference, that they are more protracted but less violent. The disease instead of terminating promptly in death or recovery, has a long duration. It is not without danger, but it is more amenable to treatment.

The abdomen is swollen, sometimes painful, the diarrhoea is obstinate, the stools foetid, sometimes serous, sometimes lenteric, and in other cases mucous, streaked with blood; occasionally there is vomiting. The child is very irritable and restless; the pulse is frequent; but the heat of the skin is not so great. Emaciation soon occurs, but the skin does not become cold or the thirst so unquenchable as in the preceeding variety. Eight days or even three weeks elapse without any modification in the symptoms, or else the child alternates from better to worse.

Three events may occur: they may diminish gradually, or they may augment, or they may remain stationary; or, in other words, the disease may terminate in death, or recovery, or the chronic form.

The following cases offer examples of these terminations, while at the same time they complete the description of the disease.

CASE I. B——, age sixteen months, has always been delicate. His mother who has suffered from chronic rheumatism for many years, nursed him until the age of ten months. Since he was weaned, his food has consisted almost exclusively in toast-water, broths and coffee; he has never taken pure milk. The little patient has lived in a spacious and well-lighted room; he has not suffered from any of the diseases of infancy; dentition was not difficult, he has eight incisors and four molars.

Two months since he passed a round worm, and took a vermifuge syrup for a fortnight without passing any more. A month preceeding the present attack he became thin, his appetite was unequal, but there was no vomiting or derangement of the bowels.

On the 23d of May an abundant diarrhoea came on, (five or six stools daily,) and on the 30th the diarrhoea had augmented and vomiting occurred.

I saw him on the 31st. He is lean, puny and pale; the skin is hot. The abdomen is slightly contracted. The child cries when pressure is made on it, but he does the same when other parts of his body are touched. He does not cough, and presents no cerebral symptoms. (Calomel, gr. j.) The vomitings continued; short time after taking the powder he ejected a number of worms from the mouth. Two other powders of calomel were administered before the following morning, and the child continued to vomit great numbers of worms, and also to pass them in his stools.

From the first of June until the sixth, the day on which he died, the vomiting continued, usually preceded by a cough, which ceased after the expulsion of the worms. He had besides numerous dejections daily, containing a large number of lumbrici. In one attack of vomiting alone he threw up twenty-eight, and altogether he vomited two hundred at least.

On the fifth and sixth, the thirst was excessive. Since the onset it has been impossible to give any nourishment. He died begging for drink, his consciousness remaining to the end. He had no convulsions. The fever which was intense at first, progressively diminished. The day of his death the pulse was unequal. The treatment consisted in the employment of calomel. He took nine grains of it, in grain doses. Each powder induced evacuations and vomiting of worms. Cataplasms of flaxseed meal and bruised garlic were applied to the abdomen. On the fourth, frictions were made with mercurial ointment, and on the fifth, these were omitted, and a potion was given composed of a drachm of the infusion of Corsican moss,* one scruple of subnitrate of bismuth, and half an ounce of syrup.

The autopsy was made thirty-four hours after death.

The temperature was not elevated, wind north. The body showed no sign of putrefaction. The abdominal parietes being laid aside, the intestines appeared of their ordinary volume; the peritoneum did not present any lesion; no trace of effusion. Some of the loops of the inferior portion of the small intestine exhibited yellowish white spots; the slightest traction upon this portion of the intestine caused a rupture of its coats, and the opening gave issue to numerous worms analogous to those which had been evacuated during life. The yellowish white spots corresponded to points at which agglomerations of worms were visible through the

*Corsican moss is a mixture of marine plants, of which the principal ingredient is *Fucus HELMINTHOCOTON*, which has some reputation as an anthelmintic, and said also to be febrifuge. See Wood and Bache. Appendix, P. 1327.—[Ed.]

thin intestine. In the upper six feet of the small intestine, the three tunics were completely softened; they were altogether more than a line and a half in thickness, consequently were much thicker than in the normal state. They could not be touched without being reduced to a transparent gelatinous pulp, exactly like half-softened paste. It was necessary to employ great precaution in order to incise the bowel in these points, the slightest pressure sufficing to insert the enterotome. The lower portion of the small intestine was much firmer.

In the great intestine the same alterations were observed; but it could be removed without rupturing it, the softening having respected the peritoneal coat. But as it had invaded the three other membranes, it could be studied with more facility than in the small intestine, and it presented in addition a characteristic which was not observed in the latter. The greater portion of the internal surface was lined by a dirty white membranous layer, continuous in some places, and in others resembling muguet more than anything else. Beneath this membrane was the transparent gelatinous tissue, which was two lines in thickness. It was impossible to distinguish in this gelatinous mass of mucous membrane, the subjacent cellular tissue and the muscular fibres. A few hours of maceration in alcohol transformed this diffuent gelatinous tissue into a thick, white, pearly membrane. Under the influence of alcohol the bowel became so solid as to be torn with difficulty, but it was impossible to recognize the muscular fibres.

The small and large intestines contained a great quantity of greenish liquid matter, and several hundred ascarides; a number of the latter had entered the dilated ductus choledochus, but none were found in the substance of the liver.

The stomach contained a considerable quantity of liquid and of worms. On the great curvature, towards the cardiac orifice, the mucous membrane and its chorion had disappeared for a space of half an inch or more; the remainder of the stomach preserved its ordinary appearance; but an incision made upon its surface displayed a gelatinous softening, occupying the mucous and sub-mucous tissues. Beneath, the peritoneum and the muscular fibres could be readily seen. All of the liquids of the digestive canal exhaled a manifest acid odour. The mesenteric glands were enlarged, unindurated, apparently without tubercles. The liver, small in volume, and also the spleen and kidneys were healthy. The lungs and heart were normal. There were tubercles nowhere.

The head was not examined.

Dr. Mayor kindly examined a diseased portion of the large intestine with a microscope. The following is the result of this examination:

1. The white layer, described as resembling muguet, is

nothing more than the altered and partially destroyed mucous membrane. By macerating this white layer of the gelatinous layer and floating it in water, the intestinal villusities could be readily seen with a lens, the tessellated epithelium was disarranged, and had lost its ordinary distinctness and regularity; Here and there were white spots which were nothing else than the solitary glands more conspicuous than in the healthy state. Wherever this white layer did not exist, no trace could be found of the elements of the mucous membrane.

2. The gelatinous softening was formed by an infiltration of the cellular membrane by a gelatinous liquid. In placing a portion of it under the microscope the cellular fibres could be seen, and also the vessels which pass through this tissue to enter the mucous membrane. This infiltration exists also, in the cellular structure uniting the muscular and serous tunics, but it here forms a much thinner layer. The gelatinous matter is amorphous, and contains altered globules, probably blood discs.

3. By the microscope the integrity of the serous coat could be verified, and the muscular coat could be seen with its two orders of transverse and longitudinal fibres.

The fasciculi of fibres had their ordinary appearance, only they appeared to separate with greater facility than usual into their primary fibres.

This case presents a very rare instance of gelatiniform softening, making great progress, and occupying nearly the whole of the gastro-intestinal canal. Besides this lesion there evidently existed an alteration of the liquids, as the highly acid odour exhaled by the digestive tube indicated.— Was the alteration of the intestine produced by the action of the liquids, or did it take place after death? The first proposition appears to me evident; as to the second, I am strongly inclined to believe that the alteration of the mucous membrane occurred during life. May we not admit that, under the influence of the acid secretions, the mucous membrane became inflamed, and that the inflammation terminated in softening, which left the cellular coat exposed and unprotected from the energetic and solvent action of the deleterious liquid. It was remarkable to observe the preservation of the serous and muscular tunics, and even of the vessels traversing the cellular coat, elements which are less easily affected by the destructive cause than the mucous and cellular tissues.

The prodigious number of ascarides was another fact of interest in this case. It is probable that they were of recent formation. The generation of so large a number of entozoa indicates a profound derangement of nutrition, but the worms were rather the result than the cause of the disease. The question might be whether these agglomerations of worms, comprising a portion of altered intestinal mucus, had not

contributed to the extension of the intestinal lesion. I observed, in fact, that the maximum of softening corresponded to the accumulations of worms.

In a symptomatic point of view we should rank this among the subacute cases. The symptoms did not assume the violence and rapidity which is observed in the acute variety (see Case IX). If, as M. Barrier thinks, fever, meteorism, pain and thirst, are indubitable evidences of inflammation, this softening must be regarded as a consequence of plegmasia. I am disposed to participate in this opinion in regard to the present case, although I have often observed all the symptoms mentioned by M. Barrier, when no intestinal lesion existed.

The following observation is an example of subacute affection of the intestine, which may be compared with the preceeding case although the termination was very different.

CASE II. In September, 1849, while acute affections of the bowels were prevailing, chiefly among children, the fatality being great, I was called to see a boy of 20 months, suffering from enteritis. This child was nursed badly and nourished badly. His parents were petty restaurateurs, and the child was eating all day of food which was either indigestible or disproportioned to his powers of digestion; in a word, his training is detestable. His present disease commenced rather suddenly on the 30th of September by a profuse diarrhœa. I saw him on the 9th of October. I found an emaciated child, with the wrinkled face of an old person, eyes sunken, abdomen swollen and resonant, the tongue moist and not furred. No typhoid spots. He cried when the abdomen was touched. The diarrhœa was serous; there was a yellow stain in the centre of the napkin, surrounded by a large aqueous areola. Anorexia was complete; there was neither heat or chilliness of the surface. Pulse 116—120. Skin flaccid.

Treatment. I prescribed calomel, at the dose of three grains, for three days, and small doses of the potion of bismuth; subsequently a scruple daily of the extract of logwood. I ordered frictions with calomel ointment (calomel 3j., lard 3j.) for which strong mercurial ointment was afterwards substituted. This treatment was not followed by any amelioration. The diarrhœa continued, the abdomen became more tympanitic and more painful. No food could be tolerated, not even chicken water.

Since the 14th, vomiting had been superadded to the diarrhœa.

When the disease was at its climax, and the child appeared in the greatest danger, I tried another remedy. I substituted a quarter of a grain of nitrate of silver, dissolved in two ounces of water, for the other medicines. This potion

was taken during the twenty-four hours, a large spoonful at a time.

On the 19th he had taken six ounces of the solution. I then suspended the remedy.

Its effects have been positive. The vomiting was diminished immediately, and in twenty-four hours it had entirely ceased. Its influence upon the diarrhœa was not less characteristic. In twenty-four hours the liquid evacuations were arrested; there were stools, but they were consistent. The thirst had diminished, the abdomen had become soft, the pulse less frequent (68). The child was prostrated, but there were no cerebral symptoms. Since the 19th he had had exacerbations of fever. He was able to take a little milk on the 18th.

From the 19th to the 26th, the disease continued to ameliorate; occasionally there were loose evacuations, which were checked by a few doses of the solution of nitrate of silver. On the 26th, I found him sitting up in bed, very much emaciated, but without fever; there had been only one or two stools in the preceding twenty-four hours. The convalescence progressed regularly; in a few days the diarrhœa had ceased, and the appetite and strength began to return. Nevertheless, more than a month elapsed before health was completely restored.

There was no sudamina at any period of the disease, nor gurgling in the iliac fossa, nor prominence of the spleen, nor cerebral or pectoral typhoid symptoms. The evacuations, while liquid, were always of a serous character; there was never any trace of blood.

In a therapeutical point of view this case is highly interesting. An energetic treatment had been unsuccessful, when I commenced the administration of the nitrate of silver. The effect of this remedy was as prompt as it was salutary. It appears to me evident, considering the dose at which it was administered, that a topical astringent action upon the intestinal mucous membrane cannot be invoked to explain the cure. I believe rather in a dynamic action upon the nervous system, which is so gravely involved in the intestinal affections of children. Who knows but that the nitrate of silver exerts a powerful influence upon the nervous state? The cure of epilepsy by means of it is a proof of this.

Cerebral Enteritis. By the side of choleric form enteritis, I should place a form of the grave varieties of infantile gastro-intestinal affections, to which I have given the name of ataxic enteritis, and which corresponds to the similar form of pneumonia in children, and also resembles the typhoid enteritis of older subjects.

This disease has the same predisposing causes as other gastro-intestinal affections, but it is the result, more than any

other species, of indigestion and difficult dentition. It offers two varieties, corresponding to the two varieties of frank meningitis. A. *the convulsive variety*, B. *the meningeal variety*.

A: *The convulsive variety* commences by bilious or mucous vomiting, and diarrhoea, with greenish or serous passages, which are sometimes very foetid; subsequently an attack of eclampsia supervenes, and is frequently repeated at short intervals.

In other cases the eclampsia is the first symptom. The fever is intense, the abdomen tympanitic, the diarrhoea greenish, foetid, and obstinate. In twenty-four hours the cerebral symptoms disappear, but the diarrhoea, anorexia, and frequency of the pulse continue; the disease may last a week altogether. We do not observe, in this form, the general coldness, the smallest of the pulse, the incessant vomiting, the insatiable thirst, the deep alteration of the features, the sunken eye, the rapid emaciation of the proceeding form.

B. *Meningeal form*. In other cases there is a tendency to constipation. The meteorism, the occasional shrill, cries indicate colic; and as nervous symptoms we observe drowsiness, jactitation, a great susceptibility to sound and light, irregularity of pulse and respiration. At the end of three or four days, under the influence of evacuants, these symptoms disappear; in other cases they persist for a week or fortnight; emaciation occurs, the pulse is rapid, diarrhoea succeeds the constipation. Almost always, when the symptoms are thus protracted, dentition plays an important part. It is to cases of this sort that the name of pseudo-meningitis has been applied.

The proof that these different types of gastro-intestinal affections are only two varieties of the same species. is furnished by the fact of their sometimes alternating in the same subject.

I have the details of an observation, which is too long for insertion here, of a child attacked at the age of three months by choleriform enteritis, (vomiting and profuse diarrhoea, prodigious emaciation in twenty-four hours, imminent danger.) At five months he had convulsive cerebral enteritis, which lasted a week; at seven months a second attack of meningeal cerebral enteritis supervened, and lasted three weeks. Since that epoch the child has always enjoyed good health. He is now seven years old.

The following cases are examples of the meningeal and eclamptic forms of this disease:

CASE III. In the course of the epidemic of gastro-intestinal affections which prevailed in 1849, I was called to see a very sick child of 22 months. It was a girl whose hereditary, hygienic and constitutional conditions were very unfavorable.

Her temperament was lymphatic; she had long suffered from palpebral ophthalmia. Her mother was scrofulous, and her brother tuberculous. Her nourishment was bad.

Eight days before the onset of the disease she had had vomiting and diarrhoea, but had commenced to eat again and to go out every day.

On the 16th of December frequent vomiting and a constant aqueous diarrhoea came on; these symptoms persisted, and on the 19th she had an attack of eclampsia, which, with its consecutive coma, lasted two hours.

I saw her in the evening. The little child was lying on her back, comatose, yet when I examined her she groaned and complained. There was neither strabismus, nor dilatation of the pupils, nor paralysis. The extremities were cold, but it was not the icy and general coldness of choleric enteritis. The tongue was moist; the thirst considerable.—Pulse 120, respiration unequal.

Treatment. A grain of calomel every five hours, The next morning 12 grains of bismuth in four doses; frictions with balm.

On the 20th the vomiting was arrested; the child had three stools, the last one green. The prostration continued, but the pulse was less frequent. The thirst continued intense.

The amelioration continued, and the same treatment was persevered in until the 24th, when the child was evidently convalescent.

It is worthy of remark that the psorophthalmia disappeared during the acute disease of the bowels, and recurred after the cure.

This case, observed at the same period as the preceeding, appears to me to demonstrate in an irrefragable manner that under different symptomatic forms we have still an identical disease, whose physiognomy varies according to conditions which it is not always easy to appreciate.

This case, as regards the gravity of the general and local symptoms, should occupy a middle place between Cases II. and X., and would thus serve as a transition between the choleric and cerebral forms. I have put it in the class of cerebral enteritis in consequence of the intensity of the attack of eclampsia, which gave the disease a peculiar physiognomy.

In the following case, observed two months earlier, the nervous symptoms were much more characteristic, and the gastro-intestinal affection much less serious:

CASE IV. A Little girl of 17 months, subject to bronchitis, and belonging to a lymphatic family, was nourished at the breast, and since weaning her diet has been judicious. But six weeks ago her regimen was entirely changed; she ate of all kinds of indigestible food, salads, fruits, meats of all sorts:

As a result the child lost her appetite and became irritable.

On the 29th of July she ate a large quantity of medley of acid fruits. During the night she vomited the rice which she had eaten at seven in the evening. The next morning she appeared as well as usual. At eleven o'clock she was suddenly attacked with general convulsions, which were preceded by a loose foetid evacuation, and followed by a similar one. I saw the child at half-past twelve; consciousness had returned, but she was irritable and nervous. Pulse 140; skin warm. The abdomen is slightly swollen, and resonant in most parts; the child cries when it is touched. The two evacuations were mucous and aqueous.

I considered the convulsions connected with the state of the alimentary canal, and I prescribed half a grain of calomel every three hours, cataplasms to the abdomen, and if the convulsions recurred, stimulating applications to the extremities. During the day four convulsive attacks occurred and the child did not regain her consciousness in the intervals. She passed three large mucous stools. At ten o'clock the fever was intense, the pulse vibrating, as in children about to have convulsions, at 160. The child was comatose; the cheeks were very red and of burning heat, while the temperature of the head and of the rest of the body was but slightly elevated. The abdomen continued slightly swollen and resonant. I sat near the child, and had watched her for quarter of an hour, when suddenly her arm trembled, then her eyeballs were convulsed, her body moved spasmodically, in a word, she had a well characterized attack of convulsions. Presently foam appeared at her lips, and a slight stertor came on. The convulsions ceased, but they soon recurred with aggravated intensity. They continued nearly twenty minutes. This was the longest and most violent attack which occurred during the day. The fits terminated in several noisy expirations, with hoarse inspirations. The convulsions having finally ceased the child remained in profound coma, grinding her teeth at intervals. During the crisis I applied three leeches to the left mastoid process. They drew well and the bites bled freely. I had the child placed in a warm bath, in which she was immersed for three quarters of an hour. The spasmodic movements ceased, and she was put to bed. She slept until three in the morning, and when she awoke she had regained her consciousness.

One of my brethren who had seen her at seven in the evening accidentally, believed her attack meningitis, and considered her state most alarming. He lanced the gums over the inferior canine teeth, the only ones which had not penetrated. This operation did not prevent the development of the violent attack at which I was present.

The 31st, at eight o'clock, I found the child conscious, but rather excited, constantly calling her parents. The abdomen was flat and painless on pressure.

She has only taken a grain and a half of calomel and has had at least eight mucous stools, streaked with green. The intense heat of the preceeding evening had disappeared.—The pulse is regular, at 108-112, small. The thirst is considerable.

Treatment. Half a grain of calomel every hour. A gelatine bath.

From the 1st to the 18th the cure went on. The convulsions did not return, but a mucous, foetid diarrhoea continued for five or six days. The appetite returned when the diarrhoea passed off.

I saw the child August 1st. She was quite well, but the face was a little swollen.

The child subsequently had three attacks of convulsions, but always in consequence of an acute catarrhal affection of the bowels.

The departing point of this affection was evidently the intestine, but its physiogomy was that of an acute meningitis. If she had had vomiting and constipation in place of the diarrhoea, these attacks of eclampsia, so frequent, so grave, and followed by so disquieting a condition of the brain, would have scarcely left a doubt as to the existence of a phlegmasia of the meninges. This was the opinion of the physician who saw her in the evening, and who, ignorant of the antecedents, gave the diagnosis which appeared most rational.

In the third case the gastro-intestinal symptoms were somewhat analogous to those of choleric form enteritis, in the present they were not so at all. The passages were foetid and mucous, not serous. There was no vomiting, no tendency to coldness. But though the abdominal symptoms were not serious they were very appreciable. The diarrhoea sufficiently indicated great irritation of the bowels. The causes were plain:

1. Hereditary catarrhal predisposition; the child after recovery had several attacks of bronchial catarrh.

2. Bad diet, which had induced a general cachetic condition, before inducing the local symptoms.

3. The difficulty of dentition, which probably impressed a *cerebral stamp* on the disease.

4. We must not omit the year and the season among the predisposing causes.

In the following case the cerebral variety is still better characterized:

CASE. V. A boy 26 months, large and vigorous, the son of a peasant, like, all children in the country, was under the

particular care of no one. Hence occur errors in diet, which as in this case, produce very serious consequences.

This child, the day of the commencement of the disease, July 9th, 1849, had eaten in the field a great quantity of unripe corn.

In the evening he was taken with incessant vomiting and abundant diarrhoea, with fever and agitation, alternating with drowsiness.

I saw him upon the 20th at mid-day. The features were contracted, the look wild, the eyes sunken, the skin slightly yellowish. The skin was burning, the pulse at 140. The abdomen was not much distended, the evacuations were greenish. (One grain of calomel, potion of bismuth three hours afterward.)

The potion had not been administered when the child was seized with violent convulsions, which frequently returned, lasting a few minutes, and being succeeded by complete coma. The convulsions ceased at night-fall, but the coma persisted.

The following morning, the 21st, the child was very torpid, and did not answer questions. The skin was much less hot; the pulse was rapid but neither full nor irregular. The vomiting had ceased. Dr. Bizot, who had been summoned during the convulsions, had applied four leeches behind the ears. In the course of the day consciousness returned.

The 22nd the intellect was natural, but the diarrhoea and feebleness persisted until the 30th, at which date convalescence was fully established.

The cerebral form was perfectly characterized in this case, and the abdominal affection was equally apparent.

Indigestion acted in this subject as an irritant poison; it was a hypersecretion with inflammation of the gastrointestinal mucous membrane. The obstinacy of the diarrhoea, and the intensity of the febrile reaction are conclusive proofs of a serious irritation of the stomach and bowels instead of a mere indigestion.

The year and the season were the predisposing causes of this grave affection, which was observed at the same date as that of the preceeding case.

In the case already adduced, the aspect of the disease was grave and the eclampsia intense; but numerous cases occur in practice in which cerebral enteritis is manifested by another series of symptoms.

CASE VI. The subject was a little girl of four months, belonging to a wealthy family. She was nursed for a month by her mother, who was leucophlegmatic and had little milk; her father was tuberculous. During this month, she had constant diarrhoea, and fragments of undigested caseine appeared in her passages. Since she had been weaned, the child had

been fed with a mixture of milk (two thirds) and chicken-broth (one-third), and the passages had become nearly healthy:

The 18th December 1849, a slight febrile movement came on; the child uttered frequent cries, and threw off large quantities of wind; the abdomen was distended; there was constipation, no vomiting, nor muguet. The child was drowsy, there were twitchings of the muscles, and slight spasmodic movements of the eyeballs.

The cries, evidently caused by pain in the bowels, the meteorism, joined to fever and its antecedents, showed that the seat of the disease was in the bowels, notwithstanding the symptoms which might lead to an apprehension of cerebral disorder. (A bran bath; cataplasm on the abdomen; eight drops of tincture of anconite in syrup of orange flowers.)

The child passed a bad night; the next morning the drowsiness had increased, the spasmodic movements were frequent, the constipation and fever persisted. The respiration was irregular, and there were occasional sighs. The child was sensitive to noise and light. No convulsions, no dilatation of the pupils. (Bran bath, cataplasm, syrup of chicory, 3j.) This slight laxative operated, and brought away three dark green stools,

On the morning of the 20th, the pulse and respiration were irregular, and the cerebral symptoms continued.

I still diagnosticated a gastro-intestinal affection with a sympathetic reaction upon the brain; nevertheless the protracted duration of the symptoms gave me some uneasiness, and I directed two powders, each containing half a grain of oxide of zinc.

I found her better at five in the evening; she had vomited milk twice, but she had also passed a yellow evacuation, far more natural than the preceeding. She was more lively; she observed objects; the pulse was less irregular. I prescribed another powder of calomel and zinc.

There was great amelioration on the 21st, and on the 22d she was cured.

In this case the cerebral symptoms were well marked, and the abdominal symptoms were also evident; but constipation existed instead of diarrhoea. Had it not been for the absence of vomiting, and the facility with which a slight laxative produced an evacuation, the cerebral symptoms would have been sufficient to have excited fears of meningitis.

[TO BE CONTINUED.]

EDITORIAL AND MISCELLANEOUS.

TO ALL WHOM IT MAY CONCERN:

In announcing our connection with the Transylvania Journal, we are sorry we cannot proclaim to her friends that a large and increasing circulation has tempted us to solicit the editorial tripod; on the contrary, the fact is that a stationary circulation, insufficient to afford compensation to the editor, must be assigned as the real influence which has operated to throw upon our unwilling hands the responsible task of catering for the professional appetite of her small but most choice roll of subscribers. The late editor, Dr. L. J. Frazee, who has had the sole control of the Journal for the past year, and who has discharged his editorial labors with skill and ability, and fully maintained her anterior circulation and reputation, having determined to surrender a charge which has doubtless proved more burthensome than profitable, and to return it to the hands from which he had received it; it became necessary for some member of the Faculty of the Kentucky School of Medicine to receipt for it, and this duty having devolved upon us, we hereby duly acknowledge that the said Journal has been restored by the said L. J. Frazee to her parental authority, with health as vigorous, pockets as full, and reputation as spotless as when placed under his care and protection. If she has not grown into the fair proportions of mature womanhood,

“With beauty that winneth as with a smile from heaven,”

it is not because of neglect or unskillful nurture on the part of her retiring guardian, but simply because it is a law of *medical journal nature* that under any circumstances growth is slow and successful maturity uncertain. Whoever hopefully undertakes a medical journal nowadays in this physic-teaching country of ours, will most assuredly soon find out that

The ample proposition that hope makes
In all designs begun on earth below,
Fails in the promised largeness.

With this stubborn truth staring us in the face, we mount

the editorial tripod, not as eager and hopeful candidates for a large measure of success, but rather as the unwilling representatives of the faculty of the Kentucky School of Medicine, of which we are component parts, and which in solemn council has perhaps too rashly determined that the Journal shall be continued under the new style of Kentucky Medical Recorder, and another vigorous effort made to put it into the hands of every friend of medical science throughout the Ohio and Mississippi valleys. We cordially acquiesced in this determination to continue, and still approve it as judicious if not imperative, but we cannot speak so decidedly in justification of the choice of editors. But as we are both too democratic to cavil at the acts of majorities, in any case in which majorities have the right to act, we shall neither condemn nor justify the choice of our colleagues, but proceed to the discharge of our editorial labors with *entire willingness* to vindicate, if possible, the propriety of the selection.

In changing the title of the journal we were not impelled by any dissatisfaction with the venerable and time honored name which has become glorious in the annals of our profession, by its association with the oldest and most honored of western medical schools. On the contrary, we cherish now as we have always done, the highest reverence for the name, because of the many glorious memories which cluster around the medical department of the University; which department alone has made the name memorable throughout our union, and indeed sent it as upon the wings of the wind wherever medical science is cultivated. No dissatisfaction therefore with the name Transylvania has induced the substitution of the title under which we now propose to sail; but a conviction which we think will strike every mind, that there was an obvious impropriety in giving the organ of our young but growing institution, a name which belongs of right to her older and venerated sister. Transylvania Medical School still lives and may well glory in her former renown, and in her present integrity, and we trust she may long live to illustrate the name which she has already rendered imperishable.

And now, having explained the circumstances by which we have been constrained to become the editors of the Kentucky

Medical Recorder, and the reasons of the change of name, we desire to salute our brethren of the medical press and extend to them the right hand of fellowship, and pledge ourselves to each and all, individually and collectively, (in bumpers of distilled or fermented liquids, or even in the pure beverage which gushes fresh from the bosom of the rock) that we desire and intend to observe toward all the courtesies and civilities which become our position, and to exact in return the indulgence, courtesy, and consideration to which we are entitled. We intend to exercise the privilege of criticism with freedom but with courtesy. We have long believed that our medical journal literature might be much improved by well-timed and appropriate criticism, and under this belief we shall regard it as our duty to notice, from time to time as the spirit may move us, the original essays and reports with which our journals teem. We shall endeavor in all such notices to avoid giving cause of offense, and shall ever hold ourselves ready to open our pages to any communications which may be sent us in reply to our critiques, simply requiring that they be written in a truth-seeking spirit and in gentlemanly terms. But we trust, and doubt not, we shall much oftener have occasion to commend than to find fault, and that even when compelled to find fault, we shall find so much to commend as to be able to have every poisoned arrow accompanied by a full and sufficient antidote.

To our subscribers we pledge ourselves to do our utmost to render the Journal worthy of their continued support, and trust we shall be able to secure their co-operation in extending its circulation. Every new subscriber will prove an additional stimulus to exertion, and hence our present readers will not only serve us, and promote the success of the Journal, by sending on new names for our subscription list, but may materially enhance the value of its contents to themselves, by inciting efforts which it will be almost impossible for us to make without some such encouragement.

We do not expect to make much either of money or fame by our editorial labors, but we should not scornfully reject either the one or the other. The former we may wisely covet since we are told by no mean philosopher, "poverty shall make a man desperate and hurry him ruthless into

crime," and the latter is not to be shunned since the love of it is approved even by the great bard "who used on earth a seraph's lyre :"

"Fame is the spur that the clear spirit doth raise
To scorn delights and live laborious days."

We are willing therefore to gain either or both, but we shall be content to gain neither, provided we can secure sufficient patronage to enable us to feel that our labors are not neglected. "When God himself complained it was that none regarded." Spare us then, gentle readers, the withering humiliation of neglect. Arouse in your breasts the slumbering sentiment of compassion, and send us each and every one of you at least one new subscriber to gladden our hearts and stimulate our pen, and may be you may "spur the clear spirit" within us to achieve somewhat that shall enure wonderfully to your own advantage.

But above all things, good friends, sends us contributions. Give us the aid of your observations and reflections, and we shall not fear the result of our undertaking. Let our subscribers send forward from their various, and widely separated localities, histories of the diseases which fall under their respective observations, with clean and well digested exhibits of the best modes of treating them, and our word for it the Journal will soon be able to take care of itself, even though its editors neglect it.

We have now said enough, and perhaps more than enough. We might have promised much more than we have, for "to promise is most courtly and fashionable;" but we have read that

"It will come to pass,
That every braggart shall be found an ass ;

and least this should be our fate, we beg leave, though "promising is the very air of the time," to bid our "grey-goose quill" stay its progress before it commits us to the game.

Mesmerism—Good News for the Rheumatic!—Archbishop Whately, at a recent meeting of the Dublin Mesmeric Association, over which he presided, stated that he had been cured, by a week's mesmerising, of an inveterate rheumatism that had baffled the doctors. This beats all hollow Pulvermacher and his electric chains, "wherewith we are darkly bound." By the way, the Archbishop should have mentioned that the doctors under whose care he had been were homœopaths.—*London Lancet*.

The following capital report, made by the "Committee on State Hospitals" to the Legislature of California, is worth preserving, both for its sharpness and its real good sense—two points, by the way, which are not often to be found in such documents.

The Committee on State Hospitals, to whom was referred a remonstrance by G. M. Bourne, hidriatic physician of San Francisco, would beg leave respectfully to report,

That they have carefully weighed the propositions contained in said remonstrance, and found them wanting, as follows:

1st, Because it assumes that a man has a right to place himself before the public as a practitioner of a science, of the principles of which he is entirely ignorant. He says he is in possession of no other warrant for practising the healing art than that conferred upon him by the Great Source of his being, or in other words, he was born with a sheep's skin, *ergo* he has, without preparation, the natural right to practice medicine and surgery. Your Committee believe in no such logic.

2d, In the opinion of your Committee, it is not inimical to the spirit of our free institutions that the flights of erratic genius should be restrained within proper limits. The laws of every State protect its citizens from frauds practised upon them by false pretenders. If, then, the protection of property is deemed so essential, how much more carefully should health and life be protected from the imposition of ignorant pretenders and charlatans.

3d, That the medical profession has not realized the world's expectations, is lamensably true; but that it has approached any nearer so desirable a consummation since the advent of Pressnitz and hydropathy, your Committee has not been advised.

The order of Pretender, with whom your remonstrant fraternizes, has no legal existence, and as your committee believe, should have none.

The assertion of your remonstrant, that an immense number of astonishing and miraculous cures have been effected by means of cold water, requires confirmation; and your Committee, all of whom are medical practitioners, cannot conceive in what manner it has been made subservient to the successful management of difficult cases of parturition, and require the testimony of more than one interested witness to establish the fact. Your Committee have searched all the records within their reach, and can find no such statistics; but if, as your remonstrant asserts, a man totally ignorant of medicine and surgery did accomplish so much good, another man equally ignorant might accomplish as much evil.

Your Committee believe that no system of medicine should receive the protection of the laws of the State, to the exclusion of others. At the same time they believe that every practitioner, whether of allopathy, homeopathy, hydropathy, eclectic, botanic, uriscopic, root, herb, Indian or corn doctor, should possess some evidence of his proficiency in such science other than the ear-marks with which he was born. Your Committee are not aware that any legislative enactments are in contemplation, which will have the effect of retarding the progress of medical knowledge, as your remonstrant asserts.

Those fathers of medicine whom your remonstrant has had the temerity to press into the service of hydropathy, never dreamed of the employment of water as a curative agent, to the entire exclusion of all other remedies, the advent of Pressnitz having been many centuries subsequent to this time.

"Literary celebrities" are not, in the opinion of your Committee, the proper persons to decide upon the merits of any system of medicine.

Sir John Ross and other navigators have recorded their opinion of water, no doubt verifying it as absolutely necessary to the success of navigation.

Lie-big's experiment of the chemical effects of cold water upon the animal economy, your Committee have not seen; but they can readily conceive, as your remonstrant asserts, that great changes (if not entire dissolution) of the human body would occur under six weeks of active water treatment.

Notwithstanding "the great fiscal embarrassment of the State," your Committee believe it would be more than folly to substitute simple cold water for medicines known and of proven utility, and discharge from our State Hospitals men of tried ability, and substitute a natural-born doctor on account of cheapness. Your Committee have heard of men who were born kings, and of others who were born fools, but no well attested case of a *born* doctor.

Your Committee would recognize the right of a female to practice medicine and surgery, if her education qualified her to perform its arduous duties. Her nature peculiarly fits her for ministering to the wants of the sick and afflicted.

In conclusion, your Committee would recommend that a copy of this report, together with a copy of your remonstrant's manifest, be transmitted to that "bourne" from whose "home for the sick" no patient will be likely ever to return, and ask to be discharged from a further consideration of the subject.

J. H. ESTEP, *Chairman*.

Anæsthetic Properties of the Lycoperdon Proteus—Common Puff-Ball.

The number of the Medical Times and Gazette for June

11, just received, contains an abstract of a paper read before the Medical Society of London, on the anæsthetic properties of *Lycoperdon proteus*. The author's attention had been directed to the fact that the smoke of the common puff-ball was used in the country for stupefying bees, and the idea struck him that it would be worth while to ascertain if the same agent would produce narcotism in higher classes of animals. Several weeks since, he commenced a series of experiments with the fumes of the fungus, and had continued them to the present time. He found it possible to produce the most perfect anæsthesia with the fumes. His experiments had been made on dogs, cats, and rabbits, and had been witnessed by Drs. Wills, Crisp, Cormack, Snow, and several others. He had administered the narcotic fumes in the impure state, and in a clarified state obtained by passing them through a solution of caustic potass. When an animal was exposed to a large quantity of the narcotic vapor, the narcotism came on very speedily, and the insensibility was most decided, but recovery soon took place. Dr. Willis and Mr. Richardson had removed a large tumor from the abdomen of a dog that had been placed under the influence of the narcotic. No sign of pain was shown during the operation, and the animal did well afterwards. The fumes were obtained by burning the fungus. When a moderate quantity was inhaled slowly, the narcotism came on and passed off slowly, the animal exhibiting all the symptoms of intoxication, with convulsions, and sometimes vomiting. Several animals had been intentionally destroyed by the narcotic. It destroyed life slowly; a dog would often inhale the fumes for twenty minutes or half an hour, after being completely narcotized, previous to expiring. The heart's beat in all cases survived the respirations. The lungs after death were pale; there was no sign of congestion in any organ; the blood retained its red color, but did not coagulate quickly; cadaveric rigidity set in in two or three hours. During recovery from a protracted narcotism, an animal would sometimes be quite conscious but insensible to pain. Mr. Richardson had himself inhaled the clarified fumes of the fungus; they produced in him symptoms of intoxication and drowsiness; but he did not breathe them long enough to become completely narcotized. Mr. Richardson was able to afford but little information as to the nature of the narcotic agent contained in the fumes. Many of the fungi contained narcotic properties, and had been supposed to possess an alkaloid resembling morphia; but the subject had never been thoroughly investigated. He should only say, concerning the narcotic principle contained in the puff ball. 1st. That it was of a most volatile nature; 2d. That it was not absorbed by alcohol, water, or strong alkaline solution; 3d. That if the fungus was burned in oxygen

gas, the narcotic principles still remained in the fumes, and produced its effect, if free oxygen was breathed with it. The fungus had been given internally to two animals without effect. In Italy, it was fried and eaten as food. In conclusion, Mr. Richardson said that he had been anxious only to show that a volatile narcotic principle, capable of causing anæsthesia by inhalation, did exist in one of the fungi; it remained to be seen whether other fungi possessed a similar principle, and whether from a fungus an anæsthetic could be obtained that might be used in practice with as little trouble to the operator and with less danger to the patient than ether or chloroform.

Dr. Snow corroborated Mr. Richardson's observations, having witnessed several of his experiments. There could be no doubt that the fungus did possess a very volatile narcotic principle, capable of causing insensibility to pain. As yet, however, the narcotic was not so practicable as chloroform. The subject deserved and required farther research.—*Amer. Jour. of the Med. Sciences.*

Great Capacity for Physic.—The leading article in a late issue of that brilliant medical journal at "Keokuk," is entitled, "A singular case of continued fever, originating from ulceration of the bowels," in which the writer introduces his patient in this glorious style: "His age was six years; temperament of the mixed quality, with a redundant shade of the nervo-sanguineous; was inclined to be lean and spare, but possessed a firm and round muscular fibre." (?) Two pages of this style intervene, in which we read that the bowels "'evinced normality of function,' and the patient was recommended the 'bain entier' and twenty grains of bi-carbonate of soda, and two grains of sulphate of morphine every three hours!"

Shadrack, Mesheck and Abednego!—but they are a powerful people in Keokuk, both for writin' and physic. If their youngsters stand such treatment, we wonder their daddies ever die. Go away, Fire King!

Extraordinary Accident.—A man was lately admitted into the Portsmouth, Portsea, and Gosport Hospital, under the following singular circumstances: He was trying to extract a cork from a large stone beer bottle with his teeth, when it was suddenly driven into his gullet by the force of the carbonic acid which had been generated in the bottle. Medical assistance was immediately obtained, but unavailing, and the man was taken to the hospital, where œsophagotomy was at once practiced, and the cork, which measured about three inches and a half in circumference, was extracted.—*St. Louis Medical and Surgical Journal.*

A Singular Case of Immunity from the usual Poisonous Effect of Arsenous Acid.

[Communicated for the Boston Medical and Surgical Journal,]

The occurrence which is here briefly described, took place about thirty months since, in this city, and in the lapse of that time no circumstances have been observed which could fix suspicions of intent or motives for the act, on any person.

At a boarding house with numerous inmates in C—— street, the family, cook, and servants, partook of a substantial breakfast, of cooked meats, vegetables and coffee, on Sunday morning, and some hours after separated and attended service at different places of worship in the vicinity. Before the conclusion of the service, nearly every boarder was ill with a disposition to reject the contents of their stomachs, which in most cases could not be repressed. The master of the house and his wife returned home, and having before resorted to the use of cold infusion of coffee, in slight disturbances, a portion of that remaining after the morning meal was freely drunk by both, without the expected curative effect being produced. As the inmates returned, sick and alarmed, the neighbors were called in, and inquiries made, which established the fact that the children, who had not partaken of the coffee, were in their usual good health. This, with other circumstances, pointed to the coffee as the cause of the sickness. Some of the friends tasted and drank a portion of the infusion, and becoming sick soon after, with the same symptoms, the evidence thus obtained was deemed satisfactory.

The next morning I received the coffee-pot with the remaining contents, for chemical analysis. It was sufficiently large to contain two gallons of fluid, and there remained some ten ounces of fluid, besides the grounds and partially extracted residue of the coffee. The fluid contained arsenous acid, apparently in as large proportion as exists in a saturated cold aqueous solution of this substance. Mixed with the residue, and subsequently separated from it, were four hundred and ninety grains of powdered arsenous acid! As the coffee decoction had been prepared by boiling, and was drunk warm, it is safe to assume that each of the twenty-four persons who were rendered sick had taken about one pint of a saturated solution of this poison.

The master and his wife suffered more severely than the other members of the family, as they had repeatedly partaken of the poison. In the other cases, recovery took place the following day, the mechanics pursuing their labors as usual.

I have thought an account of this case worthy of preservation, as it offers an illustration of the poisonous effects of *organic compounds of arsenous acid*, formed before that acid

entered the stomach. Chemists well know that arsenous acid cannot be boiled with roasted coffee and the decoction mixed with sugar and milk, without the acid forming a more or less definite compound, with organic principles present. The slightly poisonous effects of such compounds is here contrasted with the known active and energetic power of a solution of arsenous acid in water. The latter can destroy the structure of the organs with which it comes in contact and form poisonous compounds with their principles, and such compounds may continue to act when the parts of the stomach have been deprived of all power of resistance.

A. A. HAYES, M.D.,

Boston, Aug. 3, 1853.

State Assayer, 16 Boylston st.

Hot Water and Soap in Ptyalism.—A great variety of remedies have, from time to time, been employed in the treatment of ptyalism; every practitioner having his own favorite remedy. Tar water, solution of kreosote, lead water, sumach root tea, sage tea and honey, alum, spts. turpentine, &c., have each acquired more or less reputation in the hands of different practitioners; but we have never been satisfied with any of these remedies, though we have repeatedly prescribed them. Very recently, having to treat a severe case of accidental ptyalism, we prescribed a *hot* solution of soap. The patient was suffering with very severe pain of the gums, and copious salivary discharge; a few drams of spirits of soap was added to one pint of *hot* water, and the patient directed to take it into the mouth, as hot as he could bear, and retain it until the surplus heat was exhausted, and repeat for an hour, allowing an interval of half an hour for rest. At the end of twelve hours, we had the gratification of finding the patient almost entirely relieved of the pain—the swelling and redness of the gums and soft parts about the mouth rapidly diminished, and in a few days, by the persevering use of hot water, the patient was free of all uneasiness about the mouth.

The value of hot water was suggested from having observed the good effects of hot tar water in a similar case; the patient, a delicate, nervous female, was directed to use warm tar water occasionally, but finding that the hotter the water the greater relief was afforded, she continued using it as hot as the mouth could bear it. We had noticed, too, the effects of the prolonged immersion of the hands of the washerwomen in warm *soap suds*, corrugating and puckering the skin of the hands and fingers to such a degree that the blood seemed almost expelled from the vessels of the part.

The first effect of hot water in mercurial sore mouth seems to be relief from the painful distension of the soft parts, and an anemic condition of the blood vessels from contraction or collapse of the capillaries. The stronger preparations of

soap are powerfully astringent—the kind used in preparing the spts. sapo. was the castile—it may be that *turpentine* soap is preferable.—*South. Jour. of Medical and Physical Sciences.*

Fœtus in Utero Killed by Lightning. By JAMES Y. CARTHERS, M.D., of Hendricksville, Ala.—Mrs. F——, aged about 40 years, in good health; and eight months advanced in pregnancy, received on the 10th of June, 1852, a severe shock from a streak of lightning, from which she recovered in a few hours, when she was attacked with pains which caused me to be sent for. On my arrival, I found her suffering with sharp pains. On examination, per vaginum, no dilation of the os uteri had taken place. Bled her freely, and ordered her an enema of a gill of starch, with a teaspoonful of laudanum, and to take $\frac{1}{4}$ of a gr. of sulph. morphine every half hour until she was relieved from pain. After taking the fourth dose the pain subsided. Ordered her to take, on the following morning, ol. ricini, 3j. At 2 P. M., oil acted freely on the bowels, and at 4 P. M. I found her resting well. Allowed some slight nourishment from that time until she was delivered, which took place on the tenth day after she complained of being very unwell. The child was dead, and from the appearance had been so from the time the mother felt the shock.—*Southern Medical and Surgical Journal.*

Female Medical College of Pennsylvania.—The prospectus for the next course of lectures in the above-named school, is circulating. Verily, we do things in our own way in this country. The ladies are putting their hands to the plough in earnest. There is not a branch of industry or science that they cannot conduct, if they choose. One of the strong women, it is said; actually sails master of a vessel. Miss Dr. Hunt, a keen-sighted, energetic and sarcastic writer, when she indulges her wit, in the course of a public lecture a while since, in Boston, basted the rough sex as she would a roasting turkey, to the no small amusement of the assembly. She was disposed to admit that man had accomplished a great deal, but not every thing; and in enumerating what woman could do, and man could not, she mentioned, as a matter more important to the world's interest than all the rest, *that men could not bear children!*—*Boston Med. and Surg. Jour.*

Kentucky School of Medicine.—The prospects of this institution are most cheering. Students are arriving hourly, and a series of clinical lectures are in the course of delivery at the City Hospital by several medical gentlemen, among them the junior editor of this journal. The ensuing two months form, with this feature, a period full of interest and profit to students.

KENTUCKY MEDICAL RECORDER.

VOL. III. LOUISVILLE, KY., OCTOBER, 1853. NO. 2.

OUTLINES OF LECTURES ON SEMEIOLOGY,

BY H. M. BULLITT, M. D.

The particular department of medical science which teaches the mode or means of recognising and distinguishing diseases, is called, by medical authorities, Semeiology or symptomatology.

The term Semeiology is derived from the two Greek words *Semion* and *Logos*, and signifies, when literally interpreted, the science of signs. Medical or pathological Semeiology, therefore, embraces the signs of diseases.

Symptomatology is from *Symptoma* and *Logos*, and literally means the science of symptoms. The term symptom being compounded from the Greek *Sim* together *Ptoma fall*, signifies, in its literal sense, simple coincidence.

The terms Semeiology and symptomatology, although often used synonymously, are not exactly identical in import, since the former is used, generally, in a more comprehensive sense. It would be difficult to point out a real difference in the original meaning of these terms, and yet every medical reader will admit that there is a technical difference, which renders the former adequate to embrace the entire field of pathological expression, whilst the latter seems, by general consent, to have reference to a portion, only, of those manifestations by which we recognise and distinguish diseases.

The ends which we attain by the study of Semeiology are diagnosis and prognosis. We study signs to arrive at one or both of these ends.

Diagnosis is the discrimination between diseases, and results from the observation and generalization of signs or symptoms.

Prognosis is the determination before hand of the issue of disease, and flows also from Semeiology. By the study of signs we are enabled to predict the probable progress and result of diseases.

Accurate Diagnosis is absolutely indispensable to rational or safe practice, and without the power of prognosis, physicians could never inspire their patrons with confidence in the healing art.

Semeiology therefore, or the department of medical knowledge which enables the physician to make out the diagnosis and prognosis of disease, demands and deserves your most earnest attention. The want of proper practical acquaintance with this branch of medical learning is the rock upon which the hopes and prospects of men otherwise well informed are often wrecked.

Scores of young men leave the colleges yearly, armed with their diplomas, and well grounded in the elementary and collateral medical sciences, who from ignorance of pathological semeiology, encounter in the outset of their careers, such disappointments as disgust them with their profession, and tend to bring learning and the schools into disrepute.

As is the case with other branches of human knowledge, classification will be found to facilitate the acquisition of an acquaintance with semeiology, and here as in other instances we encounter many different divisions suggested by different observers.

In the first place, we have signs divided or classified into general and special, or constitutional and local. This is based upon observation, and is good as far as it goes, but it is faulty because incomplete.

Again, we have idiopathic signs, when referable directly to a primary disease, and sympathetic or secondary, when depending upon the remote effects of the primary disorder.— This also based on observation.

Premonitory, precursory, or prodromic signs or symptoms, are such as precede the full developement of disease, Signs are objective when observed by the practitioner, subjective when learned from feelings of the patient. The objective are again subdivided into active or dynamical, such

as are elicited by some movement or action of the patient or physician, and the passive or statical, such as are obvious without any such action.

Again we have positive symptoms, consisting of phenomena actually present, and negative symptoms, consisting in the absence of phenomena. Commemorative symptoms, embrace the previous history of the case as well as the previous state of the patient. Pathognomical or pathognostic signs are such as are peculiar to a disease, and never present but as the result of a particular disorder.

Signs are said to be diagnostic, prognostic and therapeutic, when they have reference respectively to the diagnosis prognosis, or treatment. Finally we have the division usual at the present time, into vital and Physical signs. All of these divisions have some merit. Some are more rational than others, and many of them properly but subdivisions of vital symptoms.

No rational classification can be made without attending to the sources of semeiology. It is absurd to talk about diagnostic, prognostic and therapeutical signs, because there are no such signs when regarded singly, and all signs may be such when considered in connection with each other. Again, vital and physical does not embrace the whole field, nor, indeed, does any of the divisions mentioned.

A classification formed with reference to the sources of semeiology, has always seemed to me most rational and convenient. The classification before you will enable you to obtain a ready view of the entire semeiological field.

Anamnestic	}	Anterior history of patient.	
or			
Commemorative signs.	}	History of present attack.	
		Vital. }	Local. }
		Subjective. }	General }
		Physical }	Local. }
Present or	}		General. }
Personal			
Signs.	}		Local. }

	Vital }	
		General. } Positive. } Negative.
Objective. }		
		Local. } Positive. } Negative.
	Physical }	
		General. } Positive. } Negative.
Experimental signs }	1st: Effects of remedies.	
or signs produceable by }	2nd. Effect of physiological & mechanical movements	

The first source of diagnosis or department of Semeiology, embraces the commemorative or historical facts and circumstances.

The medical history of your patient is of indispensable importance to correct diagnosis. It embraces the peculiarities of constitution, inherited or acquired. You learn the disease of his parents to get at his inherited peculiarities. You study his own habits, occupation, mode and place of living, the diseases from which he may have previously suffered and their treatment, in order to learn his acquired peculiarities, if any. The circumstances attending the origin of the present attack, its progress and treatment to the moment of examination, constitute the history of the particular case before you.

The knowledge of the constitution and diseases of your patient's parents is necessary to enable you to determine whether there are grounds for apprehending taint of constitution, or predisposition to particular forms of disease; for although it may be perfectly evident that the existing disease is not of a transmissible character, yet its treatment may require modification on account of such taint or predisposition. You must study the personal medical history of your patient, because notwithstanding he may be free from hereditary liability, he may nevertheless be the subject of idiosyncrasies or acquired peculiarities which may deserve attention and appreciation before you can safely prescribe for him. This should never be neglected, for there are peculiarities of constitution which render medicines, which are generally harmless, injurious, or even fatal.

The habits, occupation, mode and place of living, the diseases from which he may have previously suffered, may all have an important bearing upon the diagnosis.

The history of the present attack, its progress and treatment, are of prime diagnostic importance, as we are often very materially aided in discovering the therapeutic indications by attention to the anterior course of the case.

Enquiries into the commemorative department of Semiology are especially important in connection with Etiology; and a knowledge of the probable course of disease will throw light on its nature and pathology, and often give the only safe clue to its treatment.

Signs or symptoms which are actually present constitute the second source of diagnosis or prognosis. These are subjective and objective.

1. The subjective are such as we learn from the patient. They are the experiences of his own feelings or perceptions. They are therefore chiefly changes of sensibility, as pain, sense of weight or of distension, giddiness, sense of sinking, twitchings of the muscles, even spasms when local may not be observable.

2. Objective signs or symptoms are such as present themselves to the observation of the physician. All of those phenomena which are recognised by the senses of the observer, whether by the touch, the sight, hearing, smell or taste, are objective, because they are the objects of observation.

Signs are vital and physical. Vital signs or symptoms consist of alterations of function. Every disease presents three kind of vital signs or symptoms.

1st. Such changes of function as pertain to the affected part.

2nd. Changes of the functions of organic life, as of nutrition, secretion, circulation, absorption, respiration, &c.

3rd. Changes of functions of animal life, or life of relation, as of the senses, the intellectual phenomena, and of motive power and feelings,

Physical signs are phenomena which occur as the result of alterations or changes in the appreciable physical conditions. A vital sign or symptom may of itself be physical; that is, it may address itself directly to the senses, but unless it point to some corresponding change in the physical condition of the affected part, it is not physical in the sense in which we apply the term here. The colour, expression of countenance, temperature of the surface, appearance of the tongue, the nature of the discharges, &c., may of themselves be regarded in one sense as physical signs, because they address themselves to the senses as physical conditions

or properties. But inasmuch as they do not point to the existence of fixed physical conditions as their cause, they are not classed with physical signs properly so called.

Physical signs are stated by Dr. Williams to be phenomena taking place in the body in accordance with physical laws.

Just in proportion therefore as physical laws are better understood, than vital laws, will be the relative degree of reliability of these signs as compared with vital symptoms.

In fact a physical sign is a certain indication of a physical condition; thus a tumour any where indicates the accumulation of matter; when in the region of the liver, may indicate enlargement of this organ, &c. Displacement of the heart would point to the existence of some abnormal growth or collection of matter in the chest. These are striking examples of physical signs.

In the case of the lungs and heart, and indeed of the abdomen, physical signs appreciable by hearing are not less striking than those just mentioned.

Physical signs address themselves to the senses of touch, vision and hearing. But, as we have already explained, all signs which are appreciable by these senses are not physical in the sense in which we employ the term. No sign is physical unless it points to and depends upon the existence of a peculiar physical condition within the body.

Thus heat of surface is a physical sign, appreciable by the sense of touch, and points to the existence of increase of temperature, but as it does not indicate any change in the physical condition of structure, it is not ranked with the physical signs. Change of colour is of itself physical, and indeed indicates the presence of colouring matter, &c., Many signs which are not now classed with the physical signs are in reality such.

But what we wish you now to understand by physical signs, are the alterations of form and consistency, appreciable by the touch and vision, changes of sound or new sounds appreciable by the hearing.

In estimating the relative value of the two kinds of signs, we are to be governed not by the degree of certainty with which they discover the things which they signify, but rather

by the advantage which we derive from them in the actual treatment of disease.

As symptoms or vital signs usually manifest themselves before the physical alterations which give rise to physical signs have occurred, and thus call our attention to the existence of disease in its earlier and more manageable stages, they are of course more worthy of close and thorough examination.

Physical signs indicate the existence of decided structural changes, and as these occur in advanced stages of disease, where remedies are less availing, the signs which indicate them are of less practical utility than the vital signs or symptoms which give warning of the first appearance of danger.

Again, signs are special and local when referable directly to the affected organ or part, and general or constitutional, or sympathetic, when they pertain to the functions of organic or animal life in remote parts or organs. To make my meaning more clear I will give an example. Gastritis is attended by pain in the epigastrium, anorexia, nausea and vomiting; these are local or special signs or symptoms. But in addition to these we find heat and dryness of the skin, full and rapid pulse, morbid secretions from the bowels and upon the tongue, scant and high coloured urine or some other change in this secretion, constituting signs which result from changes in the functions of organic life; and still in addition to these we often find headache or even delirium, lassitude or sense of weariness or soreness of muscles, or muscular twitchings, constituting lesions of functions of animal life.

Finally, signs or symptoms are positive and negative, the positive consisting, as already explained, of signs actual, present and depending on existing disease, whilst the negative signs are such as we derive from the absence of positive signs. Thus we frequently arrive at accuracy of diagnosis, by the method of exclusion. The absence of symptoms which always coexist with disease in certain important organs, enables us to determine that these organs are not affected, and thus by attention to negative signs we narrow the field of scrutiny until we arrive by exclusion at the real seat of disease.

The third group of signs named in our classification em-

braces such as are developed by physiological or mechanical experiments or afforded by the effects of remedies. These have not as yet been sufficiently attended to to enable us to rely upon them with much confidence. Those which are afforded by the effects of remedies have been studied chiefly in connection with the use of blood-letting, purgatives, opiates and the various stimulants and antiperiodics. They will be more fully attended to in a subsequent lecture.

FOREIGN CORRESPONDENCE.

DR. DUDLEY,

Dear Sir:—I arrived here a few days ago, after spending a month in Dublin and Edinburgh. I was not apprised of the death of the lamented Dr. Graves—doubtless the ablest physician of his day—until I arrived in Dublin. I believe Dr. Stokes is now admitted to be the most eminent physician surely in Ireland, if not in Britain. He will, ere long, issue a work on the circulation. He is a very agreeable and hospitable gentleman. Sir Henry Marsh is ditto; and there is no man more eminent, as a physician, in Ireland, unless it is Dr. Stokes.

At St. Mark's Ophthalmic Hospital, Mr. Wilde manages to have a perfect crowd of out patients, three days in the week, and every bed in the hospital filled. There are but few, if any, better places to study, and become perfectly perfectly familiar with the diseases of the eye and ear. Mr. Wilde has quite recently published a book on aural surgery, which every physician in our country should read; but after all it is very important to see the cases he writes about.—I believe Dr. Jacob to be a skilfull man, and he has his admirers, but Wilde manages to have the run of the patients.

There are many important things to be learned in Dublin. Mr. Cusack and Sir Philip Crampton are the great surgeons of Ireland. Sir Philip, the father of the present British Minister at Washington, is eighty-five, but very sprightly and active. There are several eminent young surgeons, who will be heard of ere long; among them Mr. Adams, who is publishing a most important work on the diseases of the bones. It is surprising the number of specimens he has collected, all of which he will arrange in plates, which will give a very exact idea of each case.

In Edinburgh there is but one hospital, whilst there are eight or ten in Dublin. I saw Mr. Syme operate for stricture; professor Miller opposes the operation, but the propriety of it in certain cases, is now well established. Mr. Miller says the artery of the bulb is divided in the operation. Mr. Syme has got the Professor of Anatomy in the university of Edinburgh to make him an injected preparation of the urethra, which he says proves there is no artery where he cuts. Mr. Syme says stricture is *invariably* anterior to the bulb; there may be enlargement &c., of the prostate, so as to cause difficulty in passing an instrument, but that *stricture* has never been found posterior to the bulb. A very important fact to be known, if true. Mr. Syme has made an important improvement in the grooved staff which he uses in opening strictures, which consists in having only a portion of it small and grooved, so that it stops when the shoulder arrives at the stricture, indicating its exact location. But the staff, the knife, and the operation ought to be *seen*, to be fully understood. I had the satisfaction of seeing several patients upon whom Dr. Syme had operated recently, all doing well; each one informed me that dilatation had been performed, repeatedly, but the stricture recurred; that they been perfectly relieved by the operation. Chloroform is used in Dublin and Edinburgh in nearly all their operations.

Dr. Simpson is the great accoucher of Edinburgh, He uses chloroform in almost every case of labour, and finds that he gives about four fluid ounces in each case; has never, he says, had a fatal case from its effects. I have never spent my time more profitably than with him; he examines and prescribes for a large number of out patients, daily, from 1 to 4 o'clock. I would recommend all who visit Europe, to *learn their profession*, to spend some time with Dr. Simpson. He has recently published an exposition of that abominable theory called *Homœopathy*, which does him great credit, and could it be generally read, would open the eyes of thousands of Hahneman's deluded followers. It has been replied to by Dr. Henderson, who is *per force* professor of——I forget what—in the university; who, unfortunately for the permanency of the system, admits the absurdity of the very fundamental principles of the science, the *infinitesimal doses*.

This Henderson was *once* a physician in good standing in the profession; he some years ago, made some admissions in favour of Homœopathy; met its practitioners in council, and being publicly called to answer for his conduct, went over entirely, for it is believed, *revenge*; has since devoted his energies to the promulgation of their *enormous falsehoods*, whilst, it is believed, he prescribes medicines in the same doses as formerly; merely contending that all medicines act *Homœopathically*; now let it not be inferred that all homœo-

pathists follow Dr. Henderson in the administration of large or ordinary doses, for they cry out most violently against his course, and denounce him as a heretic; he is not the representative of homœopathy in Britain. You will be told by some that his false system is gaining ground, both here and in America, you may rely upon it that statement is false; I have it from all sources, from the respectable faculty, from the people, and from persons favorable to the system, that it is "going down," and will inevitably soon be "numbered amongst the things that were."

The hospitals of London are numerous as you very well know, and you also know how exceedingly inconvenient it is to reach them, no matter where your lodgings are. Mr. Coulson is one of the best operators here. Bransby Cooper, the senior of Guys, died yesterday suddenly at his club. As yet I am disposed to think Dublin and Edinburgh have as good, if not better, faculties for instruction than London; I feel confident the *teachers* of those places will not suffer by comparison with any I have seen here.

I have witnessed Mr. Syme's operation for stricture here, in St. Mary's, and I can say I would much prefer that Mr. Syme would operate upon *me*, in case the operation were required; they have not the proper instruments, nor do they use those they have exactly as they should.

Mr. Macmundo and Mr. Dixon at the Royal Ophthalmic, extracted some cataracts very beautifully; one other gentleman, whose name fortunately I did not learn, performed the same operation rather bunglingly. Macmundo is a most expert operator upon the eye. At St. Bartholomew's I witnessed the removal of a hydrocele of the round ligament in a female it presented the appearance of brubonocle; the diagnosis had been rendered certain, by tapping it, and by its refilling.

If Americans could anticipate all the annoyances, inconveniences, and privations attendant upon walking the "town of Europe," the number of those who come here would, it appears to me, be speedily reduced at least of 75 per cent; their hotels, and their "furnished lodgings," as well, are, as a general remark, nuisances. I very much doubt whether a physician is ever remunerated for this trouble, this painful separation from our beloved country, and above all, from one's dear friends. I hope I may be more comfortable in France whither I shall go shortly.

The medical men of London are very kind and accommodating, as well as very clever. I am daily witnessing important cases which I cannot well communicate. I visit one hospital daily and see all the out, as well as in patients, and all the cases operated upon. I hope I shall learn a great deal. In winter there will be more operations and a greater variety of cases. This is vacation in all the schools, and some of the faculty are absent in the country.

Memoir upon some of the Gastro-intestinal Diseases of Early Infancy.—By. Dr. RILLIET, Physician-in-chief of the Geneva Hospital. [Gazette Medicale de Paris.]

(Translated for the Virginia Medical and Surgical Journal.)

[CONTINUED FROM LAST NUMBER]

SYMPTOMS. I will now examine in detail the symptomatology of the choleric variety. An analysis of the symptoms of the mild and cerebral varieties would offer but little interest; the sketch of the disease and the observations I have appended to it will suffice to give a complete idea of these different types.

Digestive Functions. Vomiting is not a constant, but a frequent, symptom. When it exists, it occurs on the first day of the serious symptoms, it is usually preceded by diarrhœa, and always accompanied by it. The vomiting is serous, aqueous, or mucous, hardly ever billious. The secretion of the bile appears, it fact; to be suppressed, it not only does not regurgitate into the stomach, but it does not flow into the intestine, as is shown by the colour of the dejections. The duration of the vomiting is much more brief than that of the diarrhœa; it is scarcely observed except during the period of danger. It frequently corresponds with the gravity of the disease.

Diarrhœa. The diarrhœa is a constant symptom. It often precedes the onset, and always accompanies it, and persists until the termination of the disease.

The passages offer various characteristics before the invasion of the disease; they are always liquid, often lenteric, yellowish and greenish, with fragments of undigested caseine. At the onset of the acute symptoms, and in the course of the disease, they are essentially serous. The child's napkin is wet as if by urine, and in the centre of the aqueous areola appears a yellow spot. The passages become greenish, or blackish, or reddish, under the influence of medicine, (calomel, bismuth, logwood.) Their frequency and abundance are constant characteristics; six in the twenty-four hours is the smallest number. There are more commonly twelve or twenty-four.

The *thirst* is one of the most frequent and important symptoms; I know no infantile disease in which the thirst is so truly insatiable as in this. The description Negal gives of it is not exaggerated: "It is piteous, says that physician, to observe the efforts these children make to reach the glass which contains their drink; when they see it their eyes beam with joy, and they employ the little strength that remains in their feeble arms to approach it to their lips. If they are suffered to do so they clutch the glass and empty it to the last drop."

The drink is usually rejected as soon as it is taken. The symptom on which Pommer insists, the protusion of the tongue from the mouth, a symptom which I have not observed, is perhaps due to the thirst.

There is nothing peculiar about the tongue; the mouth is not dry; suckling is not difficult until the approach of death.

State of the Abdomen. There is nothing constant in the condition of the abdomen. At the onset is slightly swollen, usually painless upon pressure; at a more advanced period it is soft, flaccid, and can be pinched up like a rag.

Circulation. The symptoms furnished by the circulation are of great importance. At the onset the pulse quickens, but the skin is not very warm usually; nevertheless I have met with intense fever in these cases. Whether fever supervenes or not, in from one to six days a coldness of the extremities comes on, which sometimes extends to the whole surface. At the same time the pulse changes; it becomes thready, or even insensible. The coldness is a very grave symptom: nevertheless it is not always the forerunner of death: it may disappear simultaneously with the improvement in the pulse. (see Case IX.) but if it persists and augments there is little hope.

Countenance, Nervous System, etc.. The alteration of the features is characteristic, rapid and marked; the face is pale, the nose is pointed, the cheek-bones saillant, the orbits hollowed, the eye is dull, clouded, wandering; the globe oscillates beneath the half-open lid. The countenance is of great importance in the diagnosis. When the symptoms are alarming it becomes very rapidly altered. We have more than once left our patient without great anxiety, and returned in a few hours and found him irrecognizable.

At the onset the little patients are irritable and anxious, they cry constantly, or else have alternate fits of crying and drowsiness. Towards the last the drowsiness predominates. and the irritability is succeeded by apathy.

Emaciation is one of the most constant and characteristic symptoms. It is especially apparent in the face, but the whole body participates in it. The emaciation increases until death occurs; one may say without exaggeration that the child melts away before your eyes. The emaciation continues during convalescence. One of my patients lost fourteen ounces during the seven days of his disease; he lost thirteen ounces more during the ten days of convalescence; he then regained an ounce daily.

Respiration. The respiration is unequal and anxious at the beginning, it is accelerated towards the close, and is sometimes accompanied by a slight but very alarming tracheal stertor.

CAUSES. The causes of the three varieties of enterities are

the same, but I shall insist particularly on those of choleric-form enteritis.

This disease is especially frequent during the period of dentition, from four to twenty months. This is the opinion of almost every author who has written on softening of the stomach; my facts are a new proof of its correctness. My patients were from three weeks to two years of age; but the great majority were from three to sixteen months old. At the *hopital des enfans malades*, at Paris; where M. Barthez and I collected such a great number of cases of abdominal affections, we scarcely observed a single instance of cholera infantum, because the patients were all from twelve months to fifteen years of age.

Boys, according to my observation, are more subject to the disease than girls.

Authors unanimously acknowledge the powerful influence of bad diet in producing this disease. Scarcely one of my patients followed the rules of good alimentary hygiene.—Most of them were fed by the bottle, or had been weaned prematurely, or were furnished with indigestible food.

It is a remark equally common and true, that children subject to this disease are usually puny, delicate and subject to derangements of the bowels.

We must not believe that the children of the poorer class alone suffer from this disease. We may say of it what Frank said of the small pox:

Parcet nec divitis, nec pauperibus.

Amongst my patients, two-thirds belonged to the upper and middle classes of society, the remainder owed life to poor parents, none of whom however were in extreme poverty. But I do not wish to deduce any other conclusion from these facts than the one just indicated, my practice being much more extensive among the rich than among the poorer classes.

I agree with authors generally in regard to the influence of the season; it is in summer or at the commencement of autumn that the disease is most common. I have not met with a single case in winter or spring. Dr. Cruveilhier has observed that softening of the stomach sometimes prevails epidemically. The German authors have made the same remark, and have insisted upon the influence of variations in the temperature. M. Bourgeois attaches great importance to elevations of temperature, and to the atmospheric condition during storms. There is no doubt of epidemic influence.

According to my observation the disease is more commonly primary than secondary; authors take a different view from confounding the disease and the lesion. Let me explain.—Authors have commenced with this principle; that softening of the stomach was the exclusive anatomical characteristic of

the disease. Therefore they have reckoned as so many unities all of the cases of softening of the stomach found after exanthematous fevers and simple and tubercular meningitis, etc.; a detestable kind of statistics which conjoins unlike unities. The fact that the diseases enumerated by authors occur precisely at the epoch of life at which the disease I am describing is never or almost never seen, demonstrates the absurdity of this method of reasoning. Besides the symptoms are entirely different from those which we have described in the secondary softening of the stomach, which supervenes in meningitis and in exanthematous fevers.

The causes which we have detailed are predisposing causes, but some of them may act occasionally as proximate causes; such are sudden changes of temperature, indigestion, the administration of irritant remedies. I have numerous examples of these different causes, but along with them I have always found the train of predisposing causes, which I have enumerated.

PROGNOSIS.—*Mild Enteritis.* As its name indicates, this disease is not dangerous; nevertheless it may be the precursor of the acute or chronic forms of the disease, and should not be regarded as insignificant.

Cerebral Enteritis.—Notwithstanding the apparent gravity of the disease, it usually terminates in recovery. All of the cases of cerebral enteritis which we have inserted in this memoir, with the exception of the one which follows, are examples of cure; and I have observed many others with an equally favourable result. It is the duration, the repetition, and the gravity of the eclamptic symptoms, which constitutes the danger; this is much greater when the eclamptic is conjoined with the choleric form, as in the following case:

CASE VII. In September 1849, I was called in consultation to see a child of two months of age with enteritis. The attending physician informed me that the child had been nursed by her mother, and in part fed with cow's milk, and had had three weeks previously derangement of the bowels. A fortnight later a prolapse of the rectum had occurred, and the child had daily passed small mucous passages streaked with blood. Nevertheless the child had not grown thin, and the parents had not thought it necessary to call a physician.

The 22nd of September the acute disease came on with frequent evacuations and great fretfulness.

The 23d, the diarrhoea continued, and was accompanied by frequent vomiting. The passages were more serous, without being completely so; some were greenish, others yellow.

The 24th, the diarrhoea continued, and vomiting persisted, coldness of the extremities came on, and spasmodic movements of the eyes.

The 25th, a second attack of eclampsia occurred, the arms

were convulsed as well as the eyes. The diarrhoea continued but the evacuations were thick.

I saw the child at three in the afternoon. (I copy literally my notes of the condition in which I found her.) The little girl was lying near her nurse sleeping peacefully. Her respiration was regular, and also her pulse, which beat at 140; it was rather full for a child of that age. The skin was warm; there was no flaccidity of the muscles, or extreme emaciation. The eyes were hollow, without being sunken. The countenance had none of the appearances which I have often observed in cholera infantum. The mouth was moist, the tongue natural. No muget. The abdomen was a little flaccid.

The mildness of the cerebral symptoms, and especially the non-persistence of them, together with the vomiting, diarrhoea, and coldness, induced me to believe that I had to do with a gastro-intestinal affection with a reaction towards the encephalon, and not an acute disease of the brain. I gave a favourable prognosis, provided the vomiting and diarrhoea did not return with frequency; I ought to have added, provided no new attacks of eclampsia supervened.

This is what occurred. From the 25th to the 27th no vomiting occurred; the evacuations diminished in number, but the pulse continued frequent. The child had a tendency to drowsiness. At six in the evening on the 26th an attack of convulsions came on, and ended in death the next day.

The autopsy was made thirty-six hours afterward. There were no signs of putrefaction. No traces of effusion in the brain. nor of meningitis, but there was evident congestion of the pia mater and of the cineritious substance, without softening. The brain was of the consistence usual at that age, that is to say, rather soft.

The thoracic organs were healthy.

Abdomen. The stomach had its ordinary form and position; slight softening of the mucous membrane of the great curvature, which was absent in some places, the sub-mucous tissue was pearly, resistant, perfectly healthy.

The rest of the mucous membrane was healthy. No trace of injection.

The small intestine presented three invaginations of three or four inches in length. two or three feet one from the other; the invaginated portion was readily released; no adhesions. In opening the bowel at this point, I found the patches of Peyer very red, slightly prominent, and a little soft. (Follicular enteritis with invagination.)

The rest of the intestinal canal, and the other organs of the abdomen were perfectly healthy.

It is evident that the child would have recovered except for the attack of eclampsia. As I have said, this case is analo-

gous to Case III., and is an example of the union of the choleric and cerebral forms, proving that these various species are in fact one and the same disease.

The lesions in this instance, limited to inflammation of a few of the Glands of Peyer, with slight softening of the stomach, prove the complete disproportion which may exist between the symptoms and the lesions, just as there is an absolute difference between the real and apparent gravity of this affection. I concluded that the symptoms had not indicated the existence of invaginations during life. Invagination was found at many points in the small intestine, and altogether resembled that which is seen in children who have succumbed to various diseases unconnected with abdominal derangements. The principal symptoms too were wanting, for the small mucous passages streaked with blood, which preceeded the invasion of the disease, were evidently due to the prolapse of the rectum, and, when the disease was fairly established, they were succeeded by serous discharges.

Choloriform Enteritis.—The prognosis is very grave. More than three-fourths of my patients died. Nevertheless I have been fortunate enough to save some who appeared in a hopeless condition.

The circumstances which appeared to be the most unfavourable were: very tender age, the female sex, poverty, and epidemic influence.

1. *Tender age.* Children from three weeks to three months old all died.

2. *Sex.* Only one girl recovered, but it is not to be forgotten, that the female were much less numerous than the male patients.

3. *Social Condition.* Four of the patients who recovered, belonged to the higher classes of society.

4. The patients who recovered were all attacked during months in which the disease did not reign epidemically.

As to the symptoms, the subjects who recovered presented exactly the same as those who died, except that the most alarming symptoms have sometimes been less intense and less protracted.

After carefully reviewing my cases, I conclude that a patient is not to be despaired of while the pulse retains its uniformity, while the alteration of the countenance is not profound, when coldness does not gradually increase, or when, after coldness and loss of pulse have occurred, a salutary reaction supervenes.

The duration is the most important element in the prognosis; however formidable the symptoms may be, the case is not hopeless if they have lasted only a short time.

Moreover, the prognosis should always be reserved. Cases are frequently encountered which appear trivial at first, but

in which the most alarming symptoms suddenly supervene. The physician then modifies his prognosis, but is again made to give an erroneous opinion by the apparition of signs of a favourable issue.

The following case illustrates the caution which is requisite in giving a prognosis:

CASE IX. G—— was a boy of seven months, brought up by a wet-nurse, and weaned at four and a half months. He was the son of a pastry-cook, and ate largely and frequently of pastry. He presented no appearances of the process of dentition.

He had suffered from diarrhoea for eight days; at first eight or nine passages daily; during the last two days, fifteen passages. The evacuations were all alike, they were serous and mucous, colourless, without blood. The patient had rapidly lost flesh.

Thursday, October 31st, 1850, at four in the afternoon he commenced to vomit, and rejected each mouthful of liquid which he took. His thirst was excessive.

I was summoned on November 1st. I saw the child in his nurse's arms seated, holding his head well, observing objects, but presenting a dejected aspect; the eyes were surrounded with a dark ring, the tongue was moist, the gums neither dry nor red, the abdomen natural. He appeared to me slightly indisposed, suffering from one of those functional digestive disorders so frequent at his age. The intensity of the thirst and the frequency of the vomiting, however, ought to have placed me on my guard.

I prescribed half a grain of calomel which was rejected. I then ordered a second dose which was retained; but the child continued to vomit every spoonful of liquid which was given it; he had several evacuations, deeper coloured than the preceeding.

At three o'clock, he suddenly uttered shrill cries, his eyes were turned upwards convulsively, and he fell motionless into the arms of his nurse.

I arrived, and found him in a most alarming condition; he was prodigiously altered since my first visit, three hours previously. The eyes were closed and deeply sunken, the nose was cold, the pulse threadlike, the feet icy-cold. There was no sign of sensibility, nor any convulsive movement.

I immediately applied a sinapism which covered the whole abdomen, and directed every quarter of an hour, alternately, a teaspoonful of Malaga wine, and a desert-spoonful of the following potion: R. Aq. cinnamon. zij; Liq. anodyn. Hoffm. gtt. xij; Spir. zingib. gtt. xij. After ten minutes I removed the sinapism from the abdomen; it had reddened the skin slightly, but the child had not felt it. I enveloped the legs in two

other sinapisms, which were subsequently to be placed on the thighs, and replaced by cataplasms with vinegar.

These directions were punctually executed. The child vomited the first two doses of his potion, the Malaga wine was retained. After an half-hour I found that the pulse resumed its force and regularity, but it was very frequent. The child continued to utter cries, prompted probably by the pain of the sinapisms. His thirst was insatiable; he drank with avidity the little spoonfuls of his potion. I saw him frequently during the afternoon; the grave symptoms gradually amended. At six in the evening I substituted for the tonic potion and wine, a potion containing two scruples of subnitrate of bismuth in two ounces of vehicle, two tea-spoonfuls every half hour, and two table-spoonfuls of chicken water. The potion and the chicken water were tolerated.

On Saturday the amelioration continued, but the child was not out of danger; there was great anxiety, the pulse was very frequent, there was neither diarrhoea nor vomiting. The potion was continued, with an infusion of aromatic herbs.

On November 3d, the improvement continued; the features appeared less altered; the warmth of surface was uniform; there was neither vomiting or diarrhoea; the thirst, however, was still excessive. I ordered an increased quantity of chicken water, and a little milk, and lengthened the intervals between the doses of bismuth.

The 4th of November the child was in a condition analogous to that in which I first saw him. His attention was easily attracted, and the irritability had diminished. He had passed one evacuation, blackened by the bismuth. (A bath, potion every four hours, more nourishing broth, milk, and milk mixed with chicken water.)

From this date the cure was certain. The child regained strength rapidly. Nevertheless he remained emaciated for three or four weeks.

This case is literally transcribed from the notes which I had taken while the child was under my care. At my first visit, I was not anxious. The appearance of the child, the fulness of the cheeks, and the preservation of the normal temperature contributed to reassure me. But I should have been more reserved in my prognosis in consideration of the antecedents. In a child of seven months, at the period of dentition, eight days of diarrhoea, twenty-four hours of vomiting, and an excessive thirst, are never trifling symptoms. The sequel proved this. Scarcely three hours had elapsed when I was hastily recalled and found the child irre recognizable; a new series of symptoms had supervened, which indicated a profound disturbance of the nervous system,—emaciation, loss of pulse, coldness, and other grave signs. The change was so sudden and complete, that I had little hope of saving the

little patient; the case appeared to me identical, though more rapid in its progress, with that of the child who was the subject of the tenth observation. Revulsives upon an extensive surface, and in the vicinity of the affected organs, and tonics appeared to me to be the remedies indicated. I am convinced that they contributed to the cure. A more general revulsion might be employed in such cases, by giving a mustard bath as Professor Trousseau advises, or better still, by enveloping the child in a sheet saturated with a strong infusion of mustard as I have had occasion to do.

In the edition which M. Barthez and I will shortly publish of our treatise on the diseases of infancy,* we shall discuss the nature of the disease I am describing. For the present I limit myself to adducing two cases; which appear to me to have an important bearing upon the pathological physiology of choleric enteritis.

CASE X. This child was a boy 14 months. His constitution was good; his dentition well advanced; he had six incisors and four molars; the canine teeth had not appeared.

His health was good before the onset; the disease could not be attributed to any proximate cause. The predisposing causes were evidently the season,† injudicious regimen, and the lymphatic temperament of the mother.

The parents informed me that the onset of the disease was marked by high fever and diarrhoea. I saw the patient on the second day (September 27th, 1849: the skin was burning, the pulse at 140, the respiration was accelerated, but perfectly free; there was no cough, the tongue was white, the abdomen swollen; no spots or sudamina, or cerebral symptoms; there was diarrhoea and excessive thirst. I prescribed syrûph of ipecacuanha as an emetic. The child took four spoonfuls in ten minutes without vomiting, but he passed abundant evacuations.

The disease commenced the 26th of September; the symptoms persisted until the 31st, particularly the intense fever and the diarrhoea. The child became very irritable; the irritability alternated with drowsiness.

The febrile condition was always the most characteristic symptom.

Treatment. The child took a potion daily containing twenty drops of tincture of aconite, and cataplasms were applied to the abdomen. On the 30th, one grain of calomel was administered in two doses. Under the influence of this treatment, the diarrhoea diminished in abundance.

*Traite clinique et pratique des maladies des enfants. Par MM, Rilliet et Barthez. Paris. 1843. 3 vol. in 8.

†I had seen during the preceeding fortnight a great number of young infants with acute affections of the digestive canal; the disease was grave and often mortal.

The sixth day (31st), the scene changed; the fever fell, the heat of the surface was succeeded by coldness; the emaciation was considerable,

The seventh day the coldness was more marked, the nose and the hands were icy, the pulse was feeble, the eyes were deeply sunken. The child had wasted away, although there had been no vomiting. The diarrhoea persisted; there were about six passages daily but they were not very copious.— There was no close relation between the general condition and the local condition of the abdomen; the latter had not, like the former, been suddenly and gravely modified; but it should not be forgotten that the diarrhoea had lasted for a long time, and that after the administration of the ipecacuanha it had been temporarily very profuse.

At four in the afternoon of the same day, the disease became aggravated; the coldness became general, the respiration frequent, the pulse extremely small, the eye dull, the surface waxy pale, the abdomen flaccid. There were no convulsive movements.

At ten in the evening, the coldness was still greater; the pulse was imperceptible, nevertheless the child was still able to swallow. He died at eleven o'clock.

I did not perceive either sudamina or spots at any period of the disease, or gurgling in the iliac fossa, or projection of the spleen beyond the ribs.

The autopsy was made twenty-four hours after death. The weather was cool; the wind north.

1. *Head.* There was a slight sero-sanguinolent effusion under the arachnoid; one or two spoonfuls of liquid were found at the base of the brain, proceeding probably from the ventricles. There was no lesion of the brain or of its membranes. The effusion was unaccompanied by false membranes or granulations, and perfectly resembled what I have observed in many children who have died of various diseases.

2. *Chest.* Perfect integrity of all the organs.

3. *Abdomen.* Upon commencing an incision at the inferior portion of the abdomen there escaped several tea-spoonfuls of an acid redish liquid, which closely resembled what had been thrown off from the stomach, but there was no trace of peritonitis. I had scarcely touched the pyloric extremity of the stomach to place a ligature upon it, when the organ collapsed, and allowed a large quantity of a reddish liquid of an acid odor to escape. This discharge took place from the greater curvature. The whole portion of the stomach lying near the concavity of the spleen was destroyed entirely; its remains were agglutinated to the spleen; the portion that could be appreciated was reduced to a gelatinous pulp, which slipped away from the finger when an attempt was made to pinch it. The color of the parts, thus profoundly altered, were of a liv-

id red, or even blackish color. As the healthy parts were approached, the membranes could be pressed without being destroyed; the peritoneum could be demonstrated, then the hypertrophied muscular fibres, and lastly the submucous tissue and the mucous membrane. The transition from the healthy to the diseased structure was therefore gradual. The remainder of the stomach was perfectly healthy.

The intestines contained a yellowish matter, but presented no lesion. Some of Peyer's glands were slightly prominent, but were not altered in color or consistence. The mesenteric glands were reddened and enlarged, but not softened. There was no lesion of the liver or kidneys.

This observation is precious; it enables us to prove:

1. That gelatiniform softening of the stomach, or at least the morbid action which presides over this lesion, occurs during life.

2. That this morbid action is revealed by special symptoms.

3. That the symptoms which announce a profound alteration of the vital forces, (coldness, smallness of pulse, prostration,) do not depend alone upon serous evacuations.

4. That this disease, and analogous cases, should be compared to cases of poisoning.

The diseases of the patient X. presented two distinct phases.

In the first period, which lasted five days, we had all the symptoms of an acute abdominal affection; one could only hesitate between typhoid fever and enteritis, diseases so easily confounded in infancy. Nevertheless the age of the little patient, the absence of spots, of sudamina, of meteorism, of gurgling, of enlargement of the spleen, together with the results of the autopsy, left me in no doubt in regard to the nature of the disease. I have observed at Paris and Geneva a sufficient number of children dying from typhoid fever, to be able to affirm that, notwithstanding the slight prominence of the glands of Peyer, the tumefaction of the mesenteric glands and spleen, these lesions cannot be considered in the present case as the anatomical characteristics of that pyrexia. The patches exhibited no other lesion than that slight hypertrophy which is observed in cases of mucous hypersecretion; the mesenteric glands and spleen were only slightly augmented in volume, and were not softened. The reigning epidemic of grave non-typhoid abdominal affections was another proof that this was a case of enteritis and not typhoid fever. However this might be, the sixth day an entirely different series of symptoms supervened. The change was instantaneous, and the danger increased every moment. Nevertheless no new local symptom revealed what organ was specially attacked. No symptom indicated intestinal perforation. It is evident there-

fore that the rupture of the stomach did not occur during life ; moreover the integrity of the peritoneum proves this. But if the perforation did not occur before death, I believe that the lesion of the stomach did, or, at any rate, the organic causes which produced it. It is impossible not to establish the relation of cause and effect between the manifestation of the new symptoms and the characteristic lesions of the stomach. These symptoms cannot be attributed to the abundant serous discharges, since the child did not vomit, and had only five or six evacuations daily. Neither can they be attributed to intense inflammation, because both pain and vomiting were absent. In this point of view I may be allowed to observe, how little value can be assigned to the symptomatology of softening of the stomach as an essential disease. I am convinced that both the symptoms and the lesion are produced under the influence of a profound alteration of nutrition, resulting from a suspension of nervous influence which produces in the least resisting portion of the digestive tube, and as a local effect, a lesion which may be compared to ulceration.

The alteration of the gastric fluids was not doubtful in this case (their acid odor was intense). We believe that this alteration of the liquids, conjoined with derangement of the ganglionic nervous system, rendered the disease more severe.

CASE XI. A child three years of age was attacked by a lobar bronchopneumonia during a catarrhal epidemic constitution. The fourth day, the disease being in the way of amelioration, the parents administered four ounces of syrup of ipecacuanha,* which did not cause vomiting. During the night the child had an *enormous* passage, followed by many others of a serous character.

The next day there was a complete change in the condition of the little patient, considerable emaciation, constant jactitation, profound alteration of the features, imperceptible pulse, coldness of the extremities.

I saw this little boy on the sixth day, about thirty-six hours after the apparition of the grave abdominal symptoms. He complained constantly; prostration had succeeded the jactitation; the child laid motionless upon his back. I trembled as I had him seated in order to auscult him, fearing that the change of position might induce a mortal syncope. The face was extremely pallid; the abdomen was flaccid; the liver was slightly prominent in the epigastrium. The pulsations of the heart were muffled; the respiration was accelerated; posteriorly at the summit, on the right side, bronchial souffle, mucous rale, diminished resonance. These symptoms continued, and the patient died at 3 in the afternoon, 4 hours after I saw him.

* I suspected that this syrup also contained a certain proportion of tartarized antimony.

At the autopsy I found the evident anatomical characters of double bronchitis in the first stage, and of pneumonia in the second and third stages, at the posterior portion of the right upper lobe. But the most curious lesion was in the intestinal tube; from the non-valvular portion of the small intestine to the anus, the whole mucous membrane was sown with white isolated follicles, prominent, and varying from the size of a large pea to the size of a pin's head. It was a true eruption. The glands of Peyer were prominent and slightly softened, but scarcely reddened. The mucous membrane was perfectly normal. The stomach was healthy, with the exception of two minute traces of ecchymosis.

The liver was enlarged and congested.

The mesenteric gland, the spleen and the kidneys, were in their normal condition.

Were not the symptoms of this patient identical with those presented by the preceding one? Both of them, five days after the onset of a febrile disease, located in the abdomen in one, and in the chest in the other, passed from a condition which was not alarming to a condition of the greatest gravity, the principal symptoms of which were general coldness, emaciation, loss of pulse and strength, complete alteration of the features, and flaccidity of the abdomen. In the first case these symptoms were followed by a lesion of the stomach alone, and in the second, by an acute lesion of the whole follicular apparatus of the intestine. In the first, we can hardly invoke the abundance of the alvine evacuations to explain the derangement of the circulation and calorification. In the second the mortal result seemed closely connected with the apparition and gravity of the intestinal symptoms. As to the intimate nature of the follicular affection, I believe that it was inflammatory. The absence of redness and ulceration must be attributable to the rapidity of the disease.

HEALTH, MORTALITY, &C., OF THE CITY OF NEW ORLEANS.

About the 26th of May last, the first case of yellow fever entered the Charity Hospital, and after death black vomit was found in the stomach. The first fever cases originated among the shipping along the Levee, in the Fourth District, from which point it extended rapidly through the adjacent portion of the town. A large population of unacclimated persons, living in wooden huts, with floors and timbers soaked in water, and half decayed, were seized with the disease in the most malignant form. For some time previously rain had fallen almost daily, and this added to a hot, burning sun, seemed to give strength to the poison, and lent intensity to the disease. The streets in this vicinity, for the most part, were un-

paved, or planked, and the culverts, gutters, etc., were filled with water, saturated with filth and decaying vegetable and animal matter. The crowded state of these huts and low wooden tenements, with their floors steeped in mud and water, is admirably calculated to generate and propagate the germ of a disease which had already been sown in their midst.

The habits of these people, (being chiefly Irish and German laborers,) notoriously negligent and filthy, and utterly indifferent to all those precautionary measures which a limited knowledge of the laws of hygiene should suggest, served only to add fuel to the conflagration which was destined to extend its ravages to every portion of our devoted city. Hence, for some time, the yellow fever confined its work of death within particular localities,—but by and by gaining strength by what it fed upon, it began to travel to other and more distant points, to extend its arms, so to speak, in every direction, until it grasped the Four Districts within its deadly embrace. For some time the hope was entertained that those who paid proper regard to personal comfort and cleanliness—who dwelt in high, airy, and well ventilated apartments might escape the disease; but this proved a delusion,—it soon became apparent that as heretofore, the epidemic fever was no respecter of persons,—the master was stricken down with the servant—the mistress with the maid—the proud and wealthy were brought to a level with the humble and needy. All who had not passed through some one of our epidemic seasons were exposed to attacks from the disease. As has been already mentioned, the fever made its appearance in the latter part of May, at least one month and a half earlier than usual, and from the first case up to the present, it steadily increased almost daily, until the mortality per diem exceeded that produced by any epidemic known in the annals of our sanitary history. In recording the fearful ravages of the present epidemic, we must not forget that we have remained exempt from any such visitation since 1847, and during this time an immense population of unacclimated persons, both from Europe and the north-western part of our own country, have been accumulating in our city. The number of unacclimated persons in the city, at the breaking out of the epidemic, has been estimated at 30,000 souls; but many of these, it is fair to suppose, have left the city to escape the disease.

The type of the epidemic differs but little from that to which we have been subject in former years; and the belief that persons had died of the disease in six or eight hours from the moment of seizure, can readily be explained by a better knowledge of the antecedent history of the case; for on inquiry it would generally be found that such individuals have had slight fever and other symptoms of the epidemic for two or three days previously to taking to their bed and calling in

medical aid. This surmise gains additional strength from the fact that the attack, in many instances, has been so insidious and destitute of alarming symptoms, that it is with difficulty such persons could be persuaded—could be prevailed upon to submit to the usual restrictive treatment.

It is not strange therefore that such cases, which had been neglected for two or three days, in the early and curable stage of attack, should terminate in fatal black vomit, in a few hours after the physician is summoned to the bedside of his patient. So much for the apparent malignancy of the present epidemic. In making the foregoing explanation, we aim not to deny the existence of an occasional case of extreme severity; so severe, indeed, as to terminate in death in a few hours, in spite of the best efforts of the most skillful physician and the **most** careful nursing.

In some instances the system seems thoroughly saturated with the poison of the disease, from the very moment of seizure, that no system of medication, as yet suggested, seems able to cope with and stay the fatal tendency of the fever.—Every medical man who has had much experience in the disease, must remember occasional instances of this kind.

The disease this season, though essentially the same in many of its most prominent features, 'exacts perhaps on the part of physician and nurse, more care, diligence and precaution, to terminate favorably, than usual in our epidemics.—The slightest imprudence, either in diet, exposure or excitement of any kind, is almost certain to supercede a relapse, from which state it is usually very difficult to extricate the patient. Hence the great mortality among those who are not only ignorant of the peculiarities of the disease, but who are also unable and in some cases unwilling to pay for the requisite medical aid and attendance.

We refer to our table below, furnished by Dr. Simonds, the active Secretary of the Board of Health, for a full account of the deaths and other particulars which have occurred since the epidemic broke out. By this, it will be seen that yellow fever has done terrible execution among our unacclimated population; has produced a mortality unparalleled in the history of our ill-fated city. Even while penning these lines, the fever is sweeping off over *two hundred per diem*, and from present appearances it is likely to continue its fatal ravages for perhaps weeks to come.

Our quondam associate, Dr. Fenner, will in due time give us a full and detailed history of this epidemic, as he did that of 1847, when the disease shall have run its course and done its work of death.

Below we give the mortality produced by the epidemic in the city of New Orleans, from the 28th May up to the 26th August inclusive, for 1853:

THE EPIDEMIC.

Total No. of deaths by yellow fever and other diseases, from May 28 till date.

Week ending	Total.	Yellow Fever	Other Dis.	Not stated.
May 28.....	140— 110	1— 1	139—139	..
June 4.....	157	1	156	..
.. 11.....	154	4	150	..
.. 18.....	147	7	140	..
.. 25.....	167— 625	9— 21	158—604	..
July 2.....	177	25	152	..
.. 9.....	188	59	129	..
.. 16.....	334	204	140	..
.. 23.....	617	435	182	..
.. 31.....	884—2210	704—1427	138—741	42
August 1.....	142	106	25	11
.. 2.....	135	115	14	6
.. 3.....	146	124	17	9
.. 4.....	166	135	15	10
.. 5.....	150	128	9	13
.. 6.....	238	194	30	14
.. 7.....	209—1186	165— 967	40—150	4—69
.. 8.....	219	187	23	9
.. 9.....	201	166	21	14
.. 10.....	230	103	33	4
.. 11.....	233	192	13	18
.. 12.....	207	180	25	2
.. 13.....	214	179	22	30
.. 14.....	232—1526	191—1288	26—163	16—75
.. 15.....	217	187	24	6
.. 16.....	193	163	19	11
.. 17.....	219	191	21	7
.. 18.....	219	188	22	9
.. 19.....	234	203	15	16
.. 20.....	224	184	29	11
.. 21.....	269—1575	230—1346	24—154	15—75
.. 22.....	283	239	29	15
.. 23.....	258	220	24	14
.. 24.....	222	188	23	11
.. 25.....	218	186	19	13
.. 26.....	193—1074	151— 884	29—124	13—66
Total.....	8336	5934	2075	327

N. B.—The returns from St. Patrick's Cemetery since the 31st July not having been duly made cannot be relied on, except for two weeks when the books were resorted to by the Secretary, to enable him to make a weekly report.

An Infallible Remedy.—The very greatest achievement of this inventive age, in the medical line, is Dr. Spluclunberg's "Rodamontum Sublimated Haumiturgium Preternatural Panacea." This inestimable fluid is not only an efficacious remedy for every class of disease, external and internal, from a broken neck down to a sore toe, but is also the best *furniture polish* in the world, making white-pine tables and poplar bedsteads look exactly like the best mahogany. As a liquid blacking for boots and shoes, its merits are universally acknowledged, and it is well known that chickens with whose food it is mixed become surprisingly fat and tender. For cleansing tin-ware and pewter, it is perfectly unrivalled, and when mixed with brick dust, it forms a cheap and beautiful red paint.—*Pen and Pencil.*

EDITORIAL AND MISCELLANEOUS.

For the Kentucky Medical Recorder.

FEMALE PHYSICIANS.

Amongst the most prominent of the many evidences of the day, of the onward march of civilization and science, the adoption of the system of female medical education is perhaps one of the most remarkable and significant. It has remained for proud and free America, with her constitutional guarantee of "equal rights to all," to produce one of the greatest of modern medical philosophers and discoverers, as the first fruit of the wise and judicious course of educating females for the general practice of medicine. Most of your readers well remember with what dismay the whole profession were seized, when they first heard that Miss Hunt of Philadelphia, I believe, had, after a regular course of study and attendance upon lectures, graduated and offered herself for the practice of medicine. They were justly alarmed at the dark and portentous clouds that were gathering over the medical horizon, conceiving as they did, that this was but the commencement of an army of female physicians, who would soon utterly exterminate all of the bold and self-styled lords of creation, that presumed to come in collision with them in the practice. The discerning public has already sanctioned this movement, by the endorsement and support of two female medical colleges already in active operation in the Eastern States. Miss Dr. Hunt the bold and accomplished pioneer of this female army has made a most astounding and wonderful discovery—a discovery that is destined to cover the fair philosopher with immortal renown and glory, and which will have the most marked influence upon the destinies of the world through coming ages even down to the end of time. In the September number of the Boston Medical and Surgical Journal, the editor thus notices a lecture recently delivered in Boston by her. He says, "that she was disposed to admit that man has accomplished a great deal—but not every thing; and in enumerating what woman could do, and man could not, she mentioned as a matter more important to the world's interest than all the rest, THAT MAN COULD NOT BEAR CHILDREN." Oh most sublime and yet startling truth,

most magnificent and yet apparently simple discovery, the more sublime, startling and magnificent, from its very simplicity. Shut your books of medicine, ye disciples of Esculapius, and for the future listen only to the teachings of this nearly arisen star, who has thus suddenly burst upon you in the zenith of her glory, and is now shining upon the astonished world with meridian splendor and magnificence. What if a few short weeks ago, you could point with existing pride to the works of Esculapius, Hippocrates and Galen in ancient times, and to the discoveries of the immortal Harvey, Jenner, Simpson, and a host of others in more modern days, their day has past, their works and discoveries were nought, compared with Miss Dr. Hunt's. If Miss Dr. Hunt has accomplished so much in such a comparatively short period of time, what may we not reasonably expect of her, when she has had more time to develop her resources, and explore the whole field of medical science thoroughly. I would suggest respectfully for her serious consideration, the devotion of her time and study, to see if she cannot fully develop the reasonableness of being able to dispense with men altogether for the future, and of the probability of *females being able not only to bear, but to conceive children without their assistance*. In conclusion I would humbly ask, as a small return, for the important suggestion offered, that she would in future spare us those merciless bastings, that she administers as if basting a roasting turkey, (as the Editor of the Boston Medical Journal describes it.) We acknowledge our sins and faults, spare us strong-minded keen sarcastic woman for the future, and we will offend no more. W. H. M.

KENTUCKY SCHOOL OF MEDICINE.

The preliminary course of instruction in this institution begins on the first Monday in October, and will consist of daily lectures of the College buildings, by Profs. Flint, Mitchell, Bullett, Peter and Dr. Ronald, Bartlett and Durrett. And tri-weekly lectures on CLINICAL SURGERY at the Louisville Marine Hospital by Prof. Breckinridge. The prospects of the School are most encouraging, and its friends may well rejoice at the brilliant success which has crowned their efforts to establish this institution in spite of the unworthy endeavors made to crush it by its opponents.

For the Kentucky Medical Recorder.

BONY TUMORS OF THE UTERUS.

BY R. O. DURRETT, M. D.

Hannah, a servant belonging to Mr. C., of Henry county, Ky., died of dysentery, August, 1853.

An autopsy was made twelve hours after death, which revealed considerable peritomal inflammation, existing with extensive inflammation and ulceration of the rectum.

Hannah died at the age of sixty-three, had never borne a child, and had never even conceived. She was a subject of profuse and painful menstruation up to the age of 45. She was troubled for a number of years with what her physicians called an ovarian tumor. From the information obtained of her family this tumor was of very large dimensions. Unfortunately, however, I cannot learn from any of the family when it made its appearance, or at what period of life it began to disappear.

During the examination, the vagina, the uterus and its appendages, the urinary bladder, and the rectum were all removed in situ. Upon a subsequent and minute examination of them, I find them to have existed in the following pathological state: The uterus very much atrophied and unusually elongated; the neck and body seem to be so far one that it is almost impossible to distinguish the one from the other.—There are eleven tumors attached to the mass, varying in size from the largest walnut to a hazle-nut. These uterine tumors are cartilaginous and ossific, the ossification of the largest and some of the smaller ones being complete.

The bladder, vagina, uterus, rectum, and the tumors are adherent to each other by extensive membranes of organized lymph.

The right ova is wanting, nor can any remains of it be found in the diseased mass. I suppose that the ovarian tumor spoken of existed in the right side, that it suppurated and found an outlet through the uterus and vagina, or through the rectum, or was taken up by the absorbents in such a manner as not to leave a vestige of there ever having existed an ovarium in the right side. However, there might never have existed an ovarian cyst, but larger uterine tumors, which

gradually changed with the approach of old age into ossific tumors, just as the arteries become ossified in old age.

The left ova contains several small cysts, the largest about the size of a thimble.

THE LATE DR. CHARLES CALDWELL.

Our exchanges from all quarters come to us full of eulogies upon the late venerable Prof. CHARLES CALDWELL, and with one voice call for an extended biographical notice of that illustrious man.

Shortly after his decease a meeting of the physicians of this city was held at the office of D. Knight. At that meeting it was resolved to appoint an orator to deliver a eulogy on the life and character of the distinguished Professor.—That appointment was conferred on Dr. COLESCOTT, than whom no man is more capable of doing justice to his subject.

Besides this, Dr. CALDWELL left behind him ready for the press, an autobiography, which will appear at no distant date, and which beyond a doubt will be full and minute.

When Dr. COLESCOTT's oration is delivered, we will lay it before our readers, and will duly advertise them of the appearance of the autobiography.

OUR JOURNAL.

Our Journal starts with enough subscribers to pay its way. Its permanence, therefore, is insured. As our subscription list increases, we intend enlarging it. We do not expect to make anything off of it. All its receipts will be expended on it.

As we do not expect to *make* anything by it, so we do not intend to *lose* anything, and, therefore cannot print extra copies for non-paying subscribers. This is said simply by way of convincing our friends that our terms, "\$1 per year, payable *invariably* in advance," must be *rigidly* adhered to—and reminding them that in future we cannot send the RECORDER to any one without a previous remission of the small sum fixed as the subscription price. We would also recall to the minds of some of our old subscribers the fact that they are yet in debt, and that this debt, small to each, in the aggregate, is one large enough to be of some use to us. At any rate, large or small, it is honestly owed, and ought to be paid.

COMMUNICATION.

HARRODSBURG, Ky., Sept. 17th, 1853.

JOSHUA B. FLINT, M. D. :

DEAR SIR—Some features in the following case, although not without a parallel, were novel to me, and may be of interest to the profession of the State. I therefore communicate to you a brief account of it :

On Sunday, the 4th inst., my friend, Dr. Jno. Slavens, was summoned to visit a boy belonging to Jesse Gritton, of this (Mercer) county, about 55 years of age, laboring under strangulated, obliquated, irreducible hernia. By the taxis, he succeeded in reducing the tumor, and left him under the impression that he was relieved.

On the succeeding night, my partner, Dr. Thomas J. Moore, was called to see him, and found him laboring under obstinate constipation, with extreme nausea and vomiting. A small tumor, he informs me, was visible in the region of the inguinal canal, which, after the usual relaxing means, readily yielded to the taxis. The constipation and vomiting, however, were persistent.

Having spent Monday and Tuesday in fruitless attempts to procure action of the bowels and allay the irritation of the stomach, he desired me to visit him. I found him almost incessantly vomiting fecal matter; his extremities cold; his pulse exceedingly feeble and hurried, and the tumor, though extremely small, was again visible. The conclusion that a knuckle of the bowels must have protruded, and was confined by strictures, seemed to me inevitable, and an operation the only alternative; and yet I feared the protruded bowels had sustained such injury from the four days' compression that an operation seemed unavailing. As this seemed the only alternative, however, I procured the aid of Drs. Moore and Burford, and proceeded to operate about 1 o'clock on Wednesday night.

Having successfully divided the integument, the fascia, the muscle and the sac, I found about 18 inches of the intestine beyond the stricture in a highly inflamed condition, and in spots manifestly sphacelous. I carefully passed the index finger of the left hand in the direction of the sac, until I with some difficulty occupied the internal ring (the seat of the stricture). I then with the right hand passed the probe-pointed bistoury to the stricture, dividing it sufficiently to admit of the return of the protruded bowels. Just here a difficulty presented, which, although encountered by others, I have never before met with, and I feared would defeat a successful issue of the case. Although the opening was ample, there seemed an obstacle to the return of the bowels which I was at a loss to account for. On examination, I found, in about half the cir-

cumference of the ring, in a dependant part, the peritoneal coat of the bowel was firmly adherent to the neck of the sack. I was apprehensive that an effort to separate it would result in the rupture of the decaying bowels. I ultimately succeeded, however, by gently insinuating my fingers between the bowel and sac, in separating the attachment.

The wound was united by the interrupted suture and adhesive strips, dressed with the T bandage and compress, and the boy put to bed, having borne the operation much better than was expected.

No vomiting after the operation. Two spontaneous evacuations from bowels during the night. His bowels were kept open by castor oil.

On the third day the excitement became very great, and the abdomen excessively tympanistic and tender. This, however, gradually yielded to venesection, turpentine embrocations, warm fomentations and purgatives.

He is to-day, the eleventh from the operation, doing well, and promises recovery.

If there are any features in this case of interest, after noting them, you may hand it over to the Editors of one of your Journals. Respectfully, your ob't serv't, C. H. SPILMAN.

Quinine in Yellow Fever.—Our experience during the present epidemic, with the Sulphate of Quinine, has convinced us that large doses of this salt cannot be relied on in the early stages of the attack.

In the commencement of the epidemic, the advocates of large doses of quinine soon found that this article, when given in sedative doses, failed to accomplish a cure, although the febrile symptoms gradually gave way to its use.

As the epidemic progressed, and its type and characteristic symptoms became better known, few, as far as we can learn, ventured to give large and repeated doses of this salt, except in particular instances. In our previous epidemic of Yellow Fever, the quinine practice succeeded best; but it is generally conceded, as far as we could ascertain, that this season it failed in a majority of cases to sustain its previous high reputation as a powerful curative agent. Hereafter, we shall have more to say on this subject.—*New Orleans Medical Journal.*

Necrology.—Died, in New Orleans, of the prevailing epidemic, the following gentlemen belonging to the medical profession:

Dr. A. R. Nye, aged about 26 years, a native of New York,

Dr. Jacobson, aged 40 years, late of St. Louis, Missouri.

Dr. A. C. Robertson, aged 23 years, a native of Nashville, Tenn.

Dr. Friend, aged — years, a native of Petersburg, Va.

KENTUCKY MEDICAL RECORDER.

VOL. III. LOUISVILLE, KY., NOVEMBER, 1853. NO. 3.

INJURIES OF THE KNEE JOINT.

BY ALEXANDER FORSYTH, M. D.

The knee is a ginglymoid articulation of large size, and is composed, beside the bones, of ligaments, cartilages, synovial membrane, and fatty substance, each and all going to form one of the most substantial and beautiful joints of the body. The ligaments are thirteen in number, strong but still elastic enough to answer all the functions they are designed to fulfil, and withstand all the force necessary to locomotion, and capable, to a very great extent, of resisting external forces as directly applied from causes such as blows, falls upon the knee, &c.

This joint has five ligaments external to the articulation; some of them prolongations of the exterior muscles of the thigh, others short, thick and strong bands of ligamentous fibres, which serve to bind in close proximity the bones of the joint. The internal ligaments are also five in number, short, strong and capable of great powers of resistance. Some of them (the internal lateral) running parallel with the long axis of the leg when extended, the others transverse, and from their direction serve to prevent too much lateral motion, and still add strength to the joint.

All of these ligaments are endowed with blood vessels and nerves, and when from violence or any other cause, an undue quantity of blood is invited to the parts, are susceptible of inflammation the most acute, attended with pain and suffering beyond endurance. The knee joint is lined by a synovial membrane, which completely surrounds the cavity,

is reflected over all the ligaments and in one or two places takes the place of the periosteum, covering a part of the bones themselves, forming, like the pleura and peritoneum, a complete shut sack. The office of this membrane is to secrete for the lubrication of the joint, a thin transparent viscous fluid, called synovia.

Where this membrane adheres to the bones and softer parts it very much resembles the peritoneum in structure, and is very vascular: Where it is reflected over the cartilages it is thin and easily torn, and does not possess so great a number of blood vessels. From the superficial view I have given you will at once perceive with what strength nature has provided this joint for the resistance of external forces, and endowed it with the means of secreting for its own useful purposes a fluid for the lubrication of its machinery; and also from its anatomical construction, that inflammation, unless speedily combatted, must be attended with consequences of a most serious and destructive nature.

The synovial membrane once inflamed, from the close proximity the inflammation extends to the cartilages, ligaments and so on until the whole joint is implicated. The blood vessels become congested, pain and swelling supervene, the normal secretion is changed, and in place of the synovial fluid, we have secreted a quantity of serum and lymph which fills to the utmost the cavity, and if not speedily reduced, produces hopeless and permanent ankylosis of the joint.

It is of inflammation arising from injuries done to this joint that I wish to speak. Whether from blows, falls upon the knee, dislocations, or wounds inflicted by sharp edged tools it matters not, as the treatment does not materially differ, and always must be regulated by the amount and intensity of the inflammation; and the result will depend very much upon the skillful and timely application of remedies. If the patient has received a compound dislocation of the tibia, or a compound fracture of the patella, or any injury that will expose the articulation to atmospheric influence, the best directed efforts will nearly always prove unavailing, and fail to reduce the excitement in the parts until mischief of an irreparable nature has been done, and the beauty, symmetry and use of the joint are forever destroyed.

I propose to make a few remarks upon the treatment for

the reduction of this inflammation. In the first place, after a patient has received an injury sufficient to produce pain, redness and swelling of the joint, he must be put to bed and kept in the recumbent position. His diet must be light. If the joint is much swollen and very red, it will be necessary immediately to apply a number of leeches, say six twelve or twenty-four, as circumstances may require; as you are not to be governed by any particular amount of blood, but must bleed for effect. If in a few hours after applying the first leeches the pain and swelling do not begin to subside you must leech him again until you make a decided impression upon the congested and engorged vessels of the part. If leeches are not convenient you may apply cups, in number sufficient to extract the desired amount of blood. Although cups will answer the indication, I must express my preference for the leeches. The application of cups as you will at once perceive, must necessarily be attended with great pain. A part already so painful as to prevent the slightest pressure from the finger, could not reasonably be expected to bear the powerful suction of a cup without producing the most intolerable suffering. Another objection to cups, is the terror they excite in the minds of the patient. The very sight of a scarificator is enough to throw a delicate and nervous female into hysterics, and produce upon her already over excited nervous system an impression so injurious as thereby to increase to a very decided extent the existing febrile reaction. After you have subtracted a sufficient quantity of blood, it will be necessary to make some other application that will by its antiphlogistic and anodyne properties drive the blood from the overcharged vessels and allay the pain.

The very best application to answer this indication is the tepid water. A cotton or linen cloth doubled three or four times upon itself should be rinsed out in tepid water, and applied around the entire circumference of the joint, extending five or six inches above and below the extreme margin of the inflamed skin. I prefer this to any and all kinds of poultice. You have the same amount of heat and moisture without the filth attendant upon the poultice. It is cheaper and more easily procured, and most certainly answers every purpose as well if not better. From experience I prefer the warm to

the cold water, as I do not believe it to produce the same amount of irritation, and it is certainly more anodyne, in its qualities. There is no article in the *materia medica*, whose action is more marked upon the capillaries than warm water, as you will see exemplified in the washerwoman, whose fingers after a few hours service at the tub, lose their redness and rotundity, particularly at their extremities, become shrivelled up and bloodless, clearly demonstrating the fact of the specific action of the heat and moisture upon the capillary vessels of the parts. If the patient is feverish, and his bowels constipated a dose of castor oil, or the decoction of senna combined with epsom salts may be given; if he have a full and frequent pulse, and a furred tongue, with a very dry skin it will be necessary to give him a mercurial cathartic say ten grains of calomel with one or two grains of ipecac to be repeated in five or six hours if it produce no action upon the bowels. If this does not bring down the pulse it will be well to give a quarter or a half grain of tartarised antimony every two or three hours, until the violent action of the heart ceases and the skin becomes moist.

Surgeons will sometimes tell you to spread a large blister and apply it over the entire joint, or to saturate a piece of flannel in a liniment of turpentine, oil of origanum or some like stuff. I cannot see the indication of cure to be fulfilled by stimulating the parts. Never in the whole course of my professional life have I seen acute inflammation subdued by blisters, but on the contrary the disease has been very much aggravated, the pain has been trippld, and tenfold added to the suffering of the patient. Where from subacute or chronic inflammation, there is a morbid deposit beneath the skin, where the joint is distended by an over quantity of synovial fluid, and where there is a want of action in the parts, it will be well to arouse the absorbents to healthy action by such stimuli as blisters and the volatile oils. I must candidly confess, however, that I am of the opinion, in the chronic form of inflammation that adhesive straps applied tightly around the joint, and the leg supported by a roller bandage, will perform a more speedy cure without subjecting the patient to the same amount of inconvenience and pain which he would undergo by blistering.

In June 1852 in company with my esteemed friend, preceptor and partner, Dr. Rogers, I saw a German boy about seven years of age. Two years before, this boy had received an injury to the knee joint by a fall, producing, from what I could learn, an acute inflammation of the whole joint. The family physician, a German doctor, was called, and I understand, had his knee well rubbed with some liniment, which was daily applied for some week or two, with but little success. One of our most eminent surgeons was then called to treat the boy. He cupped him freely, blistered the joint and put the patient through a course of purgation; with but little more effect than his predecessor. After a time a certain *itinerant* quack, who a very short while before had settled in Louisville, was called to see the boy. As a matter of course he told the parents the other doctors were fools, after which he proceeded to examine the limb. He found the leg partially flexed upon the thigh, the joint very much enlarged and stiffened. This renowned individual considering the difficulty and deformity to depend upon contraction of the muscles of the thigh, proceeded forthwith to divide the hamstring tendons.

The next morning after this important surgical operation there appeared a flaming editorial in the columns of a German newspaper, announcing that a celebrated German *Surgeon* who had come to town among us, had been called to see a patient, who sometime before had received an injury of the knee joint. All the best American surgeons had been called in, but were unable to fathom the case. This celebrated surgeon at once saw the difficulty and instantler performed one of the most skillful operations imaginable, and from last accounts (8 hours afterwards,) the patient was doing as well as "*could be expected.*" Alas for suffering humanity, this remarkable man constantly haunted by the ghosts of hungry landlords, betook himself, one dark and dismal night, to parts unknown. Notwithstanding the skillful operation of this imported genius, and the number and variety of liniments that had been applied, including among the number the world renowned "Horse Liniment," and I believe that infallible remedy in rheumatism of the joints, "Dog Oil," there still remained a very great enlargement, the joint was distended to its utmost with fluid, and hopelessly ankylosed, An inflammation of

a chronic character still existed, and the distention produced considerable pain. I immediately applied the adhesive strips all over the joint, and supported the leg with a roller from the toes up. This treatment was continued for four weeks, when by absorption produced by the pressure the whole of the fluid had been removed, and up to this date I believe the patient suffers no inconvenience except from the ankylosis. I sincerely believe had this patient been treated in the first place by leeches, warm water &c., he would now have been as well, and would have had the same use of the joint he did before the accident.

The two following cases are made up from notes in my case book, taken daily during my attendance upon the patients.

CASE I.—Mark Frank, a German, 34 years of age, a wagon builder by trade, while working upon a piece of timber inflicted a wound, with his axe, upon the inner portion of his leg near the knee joint. This happened upon the 5th day of last April. He immediately called in a friend who healed wounds by pow-wow and conjuration. For two weeks or more this fellow practised his devilment, when the patients suffering became so intolerable he concluded he would discharge his conjuror, and change the treatment. Accordingly I was requested by his wife to see him. I found him in a most deplorable condition. For eighteen days the inflammation had been allowed to pursue its course uninterrupted. The joint was double its natural size, the inflammation of rather a subacute character, and there was a sero purulent discharge from the cavity which had opened through the wound. The man had spasms of the voluntary muscles, and his appearance indicated a speedy attack of tetanus, his pain and sufferings were very intense, and his condition one of the most horrible I ever beheld. His pulse was full and tolerably frequent, his tongue furred, and from long suffering, and want of sleep he was much emaciated. I ordered a large dose of opium, and the fourth of a grain of tartar emetic to be given him every two hours during the night and a cloth rung out of warm water to be applied to his knee. This was on the 23d.

24th.—Fever still high, pulse about the same, pain not so severe. The patient slept a little through the night. Condi-

tion much the same as the day before. Ordered the warm water to be continued, the tartar mixture to be given every two hours, and ten grains of Dover's powder every six hours.

25th.—Was called at daylight, found the bladder very much distended from spasmodic stricture of the neck of the bladder, the patient complaining of severe pain in the perineum, pulse 60 and tolerably full, discharge from the joint much increased in quantity. His bowels had been moved twice since my last visit. I introduced the catheter and drew off his water, ordered the tart antim and warm water continued, warm fomentations to be applied to his perineum, and in place of the pulv Doveri gave him a fourth of a grain of Sulph. Morphia every two hours.

26th.—Fever much reduced, and the patient passed a tolerable comfortable night. Still unable to empty his bladder. The discharge from the joint rather increased and containing a larger amount of pus. I emptied the bladder and continued the treatment.

27th.—No fever, slept well, discharge from the joint rather increased. Still unable to empty his bladder without the catheter. As his bowels had not been moved for two days. I ordered a warm water injection, discontinued the morphine, warm applications kept up.

28th.—Still unable to pass his water—fever very high, pulse 100 and full, and the patient delirious. The injection had produced two operations on his bowels, his bladder had been emptied every six hours. The discharge from the joint was very profuse. All this mischief had been caused by one of his friends who had recommended and given him, in my absence, a decoction of parsley root, as he said, to relieve the difficulty of his bladder, for which I gave him a general blowing up, ordered the water dressing continued, and the sixth of a grain of tart emetic with opium every two hours. I applied the adhesive strips to the joint and supported the leg with a roller bandage.

29th.—The fever was somewhat abated; continued the strips, bandage and water dressing. Ordered three grains of calomel, a half grain of ipecac, and a fourth of a grain of opium every three hours until he was purged.

30th.—Passed a good night, the mercury had not moved his

bowels, bladder in the same condition, urine very high, colored and filled with sediment. Ordered an infusion of senna with salts.

2 o'clock, P. M.—The bowels were moved several times by the senna. The patient, the first time for several days, passed his water without the use of the catheter. His condition very much improved since morning, dressings continued.

May 1st.—Patient much better, slept tolerably well the night before, appetite better than it has been for three weeks, functions of the bladder perfectly restored. The wound looks healthy, the inflammation greatly reduced.

2 P. M.—Complains of severe pain a little below the joint immediately over the upper portion of the tibia. The dressings were removed, nothing applied but the warm water. 60 drops of McMunn's Elixer of Opium ordered every two hours. The discharge from the joint very small in quantity, containing no pus.

May 2nd.—Had a bad night. He declared to me he could not do without the bandage which I again applied; complained of pain below the joint. The wound discharging nothing but a little serum—inflammation subsiding very fast.

May 3d.—Slept better than he did last night, his bowels had not been moved, discontinued the opium, and ordered calomel 4 grains, ipecac grain 1, every hour until purged.

2, P. M.—No action upon the bowels, ordered an infusion of senna, water dressing straps and roller continued.

May 4th.—Bowels moved five times. The patient very much better, slept well all night, appetite tolerably good, swelling of the joint greatly reduced, no discharge from the wound. Treatment of water and bandage still continued, an abscess beginning to point at the lower portion of the ligamenture patellae.

May 5th.—Condition much the same, a little discharge of a serous nature from the wound, no pain, appetite improving, complains of nothing but a small bed sore over the lower portion of the sacrum, treatment continued.

7th.—Opened an abscess over the head of the tibia, which discharged about an ounce of pus—the swelling nearly all reduced, discharge from the joint small—but little pain. The patient is evidently recovering very fast, and bids fair in a

very short while to be relieved entirely. The motion in the joint is better than could be expected, he is able to flex and extend the limb without much difficulty. The probabilities are that he will recover perfect use of the joint. My friends Dr: W. H. Donne and Dr. Coleman Rogers saw the patient with me this morning, and pronounced him out of all danger, either of the loss of the limb or of life. They both expressed themselves well pleased with the water dressing, believing from experience that it is superior to any and all dressings; in acute inflammation. Circumstances prevented my seeing this patient again. But I had him long enough under my supervision to save both his life and limb, and place him in a condition speedily to recover. The patient at the time of my writing has almost as good use of the joint as he ever had. I saw him about three weeks ago; he told me after I quit him he called in another surgeon, who changed the treatment from water dressing to blisters &c. Had he continued the water dressing after I last saw him, I have no hesitation in saying that long before this he would have entirely recovered the most perfect use of the joint.

CASE II.—William Riley, aged fifteen, of delicate constitution and scrofulus diathesis, was thrown from a horse, under the following circumstances. While riding a very gentle horse immediately after dark, and before the gas of the city was lighted, his horse ran over a large hog, precipitating him over the head of the horse against the pavement of the street, producing a compound fracture of the patellæ. The soft parts immediately above the patellæ were torn away for the distance of nearly two inches, the bone fractured in a perpendicular direction. I cleaned out the wound, as it was full of mud, drew the edges as close together as I could with a few strips of adhesive plaster, applied a light roller, sent him home, and ordered the warm water dressing, and an anodyne if he suffered much pain. This accident happened on the 31st day of Oct. 1852.

Nov. 1st.—At my visit, this morning, I found the limb much swollen, and that a large discharge of synovial fluid from the joint had taken place. The patient had a pulse of 120, and was somewhat delirious. I ordered a saline purga-

tive, the water dressing to be continued, and the patient to have the fourth of a grain of tartar emetic every two hours.

Nov. 2nd,—Not so much fever, otherwise the same, bowels moved several times. Treatment continued.

Nov. 3rd.—Pulse 100 and irritable; no delirium, no actual fever. Ordered a teaspoonful of the Acet Ammonia, and as the patient complained of hunger, ordered some Rice soup, or mush and milk; warm fomentations continued.

Nov. 4th—Some fever. A fetid aqueous semi purulent discharge from the point. Swelling somewhat reduced. Treatment continued.

Nov 5th—Some fever, passed a restless night; complained of considerable pain in the joint. Ordered eight grains Dover's poders, to be repeated at night.

Nov 6th—Passed a sleepless night, pain and swelling of the joint increased. A fluid of a sero purulent character discharged very profusely from the joint. Ordered a Seidlitz powder; water dressing continued.

Nov 8th—Patient restless all last night; with some delirium, had two operations from his bowels. Tongue red around the edges and very red at the tip. Pulse slow and feeble. Tenderness upon pressure below the umbilicus and in the hypogastric region. Discharge much increased in quantity. Ordered eight grains Dover's powder; fomentation continued.

Nov 9th—Slept well all night, no fever, and very little pain any place, appetite much improved. Joint the same. Ordered a good diet, and continued fomentations.

Nov 10th—Patient about the same as yesterday.

Nov 12th—Condition yesterday much the same as it was on the 10th. Discovered this morning an abscess beginning to point immediately below the patellae. Patients tongue very red, some fever, great tenderness in the hypogastric region, upon pressure, with difficulty of voiding urine. Discharge from the joint largely increased. Ordered half an ounce Syrup Rhei every two hours.

6 o'clock P. M.—No better, two evacuations from the bowels. Ordered mucilaginous drinks, and acetate of ammonia one drachm, with one sixth of a grain of tart antim every two hours.

Nov 13th—Slept some during the night, fever somewhat

abated. Patient much emaciated and complains bitterly of a bed sore immediately over the Os Coxygis.

2 o'clock, P. M.—With a free incision of the scalpel I opened the abscess which had burrowed beneath the deep seated fascia, discharged about five ounces of a thin dark colored and very fetid matter. Ordered an anodyne.

Nov 14th—Passed a bad night. Abscess discharged about a half a pint of thin matter of a scroffulous appearance. Great prostration of the vital powers. Ordered wine and beef tea to be given freely.

2 o'clock P. M.—Patient has a violent hectic fever. The discharge from the wound is very copious. Ordered two grs. quinine, and two drops sulph. acid every four hours after fever abates, and requested a consultation.

Nov 15th—The patient had violent hectic fever during the first part of the night, condition much the same as it was yesterday. Met this morning in consultation Drs. C. Rogers, Donne, Pat. Cochran, Bruce and George Thum. The condition of the patient would not admit an amputation, so they concluded to continue the treatment.

Nov 16th and 17th—The condition of the patient much the same, his pulse a little stronger. Discharge from the wound very copious, very fetid and of a dark color. Considerable oldema of the foot.

Nov 18th—Patient worse, passed a very restless night, suffered with considerable pain in the joint. Evidently sinking very fast.

6 o'clock P M—No change for the better, Dr. C. Rogers in consultation. We considered the case almost a hopeless one, did not think there was a chance for recovery as long as the limb remained, and looked upon the only alternative—amputation—with feelings of dread and horror. We told the patient, and also his father, what we thought of his condition, told him the slim chance he had by the removal of the limb, and the probable disastrous termination of the operation. He concluded to try the alternative—and both father and son willingly consented to the amputation.

Nov 19th—In the presence of a few of my medical friends I proceeded about 11 o'clock to sever from the body the offending limb; accordingly the patient was placed upon the

table. The heroic little fellow emphatically refused to take chloroform, as he said he wished to witness the operation — pledged his honor, that if his head was elevated, and no attempt made to hold him, he would not move a muscle. I took his word. My friends Drs. P. Cochran, W. H. Donne, J. R. Pirtle and Charles D. Bruce kindly assisting me. I performed the double flap operation about the middle of the thigh. True to his word, the brave boy neither flinched, quivered or uttered even a groan. The artery was so well controlled by my friend Donne, that the patient did not loose much over eight ounces of blood. The stump was dressed in the usual way, the patient put to bed and a half grain of sulph. morph. given him.

Examination of the limb two hours after. Abscess of the whole joint extending up the posterior portion of the femur about four inches, total absorption of the articular cartilages, and all the ligaments except the crucial and one lateral. Patellae united by bony matter. The patient rested quietly the balance of the day, he took a little chicken soup and drank freely of brandy toddy.

Nov 21st—From the day of the operation up to last night the patient had rested well, had a good pulse and some appetite. Last night he had high fever with delirium. Ordered one drachm of the acetate of ammonia with a half grain tartar emetic every two hours.

5 o'clock P. M.—Much better, no fever. Stopped his medicine. Ordered, if he should suffer pain during the night half grain of morphine. From this time throughout, the patient had but little difficulty and rapidly progressed to a cure, and is, at the same time of my writing, in better health than he ever was in all his lifetime before.

I treated this last patient a little differently from the plan I have recommended in the begining of this paper. He was a puny, sickly, scrofulous, and almost bloodless youth, from his infancy he had been delicate, and the victim of disease, his very appearance indicated the impoverished condition of his blood. Taking all these things into consideration, with the serious shock produced upon his nervous system by the injury, I did not feel justified in the application of leeches, I thought the loss of blood no matter how small in quantity

would prostrate him. I therefore made the warm water the sheet anchor of my hopes. It is good surgery, in compound fracture of the patellae, always to attempt to save the limb, notwithstanding the patient may be broken down by disease, but had I another patient of the same diathesis and diseased condition, and suffering in a like manner from a knee joint opened, I would not hesitate to recommend and perform immediate amputation.

Memoir upon some of the Gastro-intestinal Diseases of Early Infancy.—By. Dr. RILLIET, Physician-in-chief of the Geneva Hospital. [Gazette Medicale de Paris.]

(Translated for the Virginia Medical and Surgical Journal.)

[CONTINUED FROM LAST NUMBER]

DIAGNOSIS.—The symptoms which are most valuable in forming the diagnosis, and which distinguish choleriform enteritis from other varieties of acute abdominal affections, are; after a prodromic diarrhoea of variable duration, the occurrence of incessant vomiting, with an increase of the diarrhoea, which assumes a serous character, the appearance of insatiable thirst, of profound alteration of the countenance, of rapid emaciation, of coldness of the nose and extremities, and of extreme smallness of the pulse.

These symptoms are not found combined, either in the cerebral or mild forms of the disease.

As to the other diseases of early infancy which may simulate choleriform enteritis, they are not numerous, and the distinction between them is easily made. In typhoid fever, which is extremely rare in infants, the sudamina, spots, meteorism, dryness of the tongue, and, in the great majority of cases, the intense fever, will suffice to establish the diagnosis. Neither can choleriform enteritis be confounded with peritonitis, since the diarrhoea is abundant, and the tympanitis and pain on pressure are wanting. Invagination and choleriform enteritis resemble each other in the abundance of the vomiting and diarrhoea, but in invagination the passages are mucous-sanguinolent or bloody, and not serous; subsequently stercoracious vomiting, deformity of the abdomen, together with the absence of coldness and emaciation, will seem to confirm the diagnosis.

Asiatic cholera is undoubtedly the disease which resembles choleriform enteritis most closely, as I have already had occasion to observe. On this point I will content myself by citing Dr. Bourgeois:

"True cholera differs sensibly from cholerine; in the first the terrible cramps which torment the patient offer one unmistakable sign; the skin is more or less blue, a condition which is never observed in cholerine; lastly, the pulse, although very small, never ceases to beat in cholerine until death, whilst, in Asiatic cholera, it is imperceptible long before the patient is in the last agony. During 1832, I observed quite a large number of cases of this disease among very young children, and their symptomatic progress corresponded exactly with what is observed in adults."

Cerebral enteritis, as its name indicates, may be confounded with meningitis. I will simply remark that in the convulsive variety the cerebral condition does not last more than twenty-four hours, and that the diarrhoea suffices to establish the diagnosis. In the meningeal variety, when constipation exists, the distinction may be difficult (see Case VI). Nevertheless the nervous symptoms are not comparable either in gravity or duration with those of frank meningitis, the only form which can be confounded with this variety of enteritis.

TREATMENT.—The different forms of gastro-intestinal affections are not all to be treated alike, but there are some general considerations which are applicable to all the varieties.

Before instituting any treatment, it is most important to discover the causes of the disease. If the adage "*sublata causa tollitur effectus*," is ever true, it is emphatically in the gastro-intestinal diseases of infancy; but success cannot be obtained without keeping in view that other precept; *principiis obsta*.

There are some causes in regard to which the physician is powerless, but there are others which he can more or less directly control. We cannot alter hereditary or physiological conditions or the influences of climate; but in many cases we can completely modify the mode of life, and thereby successfully oppose, if not entirely suppress, the most dangerous anti-hygienic causes.

The first question that the physician should address to the parents of a child suffering from a gastro-intestinal affection is this: How is the child nourished? And the first advice which he should give, should be in regard to the proper regulation of the diet.

If the child is nourished at the breast, it is necessary to examine carefully the health, habits and hygiene of the nurse. It is necessary to ascertain the quantity of milk by inspecting the breasts, and its quality by the microscope and lathoscope. If the milk does not possess its proper characteristics, or if the

health of the nurse is feeble, a change should be advised without hesitation. However, before taking this course, it is well to examine whether the derangement of the bowels is not the consequence of errors of diet on the part of the nurse, or of the improper periods at which the child is suckled. In the first case it is sometimes sufficient to change the regimen of the woman in order to cure the disease of the child, if it is slight and recent. The nurse should be advised to eat chiefly of plain soups and roasted meats; at her breakfast she should drink an infusion of roasted acorns; fresh vegetables, fruits, salads, cheese and coffee, or other excitants, should be forbidden. If the chemical examination indicates that the milk is too rich, the bi-carbonate of soda may be prescribed with advantage.

If the diarrhoea is not to be attributed to the bad diet of the nurse, but to the improper regimen of the infant, in many cases by simply regulating the hours at which the child shall be put to the breast, the irritation of the bowels may be subdued. I have often cured diarrhoea which had existed for a long time simply by regulating the hours of suckling.

If the modifications in the regimen of the nurse and child are unsuccessful; the nurse must be changed. I refer to the work of M. Donne for details concerning this troublesome and delicate change, and the precautions which are requisite in order that it may be of advantage.

If the child is fed by the bottle and the diarrhoea does not diminish in a few days, a wet nurse should be procured; but this is not always possible, therefore it is necessary to meet the difficulty by using ass's milk, or among poor people, by means of a mixture of milk and veal broth, in the proportion of two-thirds of milk to one-third of soup. For the children of the wealthy, I prefer a mixture with chicken broth. The milk should be given at regular intervals, and should always be procured from the same cow; and the cow should be fed on hay and not on grass. In accordance with the advice of M. Donne, I do not direct the milk to be boiled, but simply require that the bottle should be plunged into hot water. It is important that the vessels containing the milk should be scrupulously cleansed.

As a general rule I greatly prefer that the child should be nursed, but I have observed many cases in which gastro-intestinal affections were checked by cow's milk after several nurses had been tried. We have also found advantage from administering in some cases to children with diarrhoea, panada made with ship biscuit or toasted bread, without however prohibiting suckling.

Children are occasionally met with in practice with whom both the milk of the nurse and of the cow evidently disa

gree, and who can only be fed on light broths. But those anomalies do not at all affect the general rule.

If the gastro-intestinal affection supervenes in a child who has been weaned, I advise that if the disease is severe the child should return to the breast. I have seen truly marvelous results from this practice. It is said that all children will not consent to return to the breast; this is true, but the number that refuse under proper management is very small. The first condition of all is to procure an intelligent and complaisant nurse, and a reliable woman to superintend her; efforts should not be abandoned in consequence of one fruitless attempt; success may not be obtained until after several days of perseverance. If the child positively refuses to take the breast, or if weakness precludes it from doing so, the advice of M. Donne must be followed, and several nurses must be procured to furnish milk on which the child may be fed; but this is not always easy, and recourse must be had therefore to ass's milk or the mixture of cow's milk and broth, taking care to place the milk into five or six bottle, each containing about two ounces; one of these is given ever three or four hours, the bottle being shaken, in order that the milk and cream may be well mixed.

If the milk diet agrees with the child, the ass's milk or the nurse's milk should be given pure; if it disagrees, a certain quantity of limewater or bi-carbonate of soda should be added to the milk, and care should be taken to place warm napkins over the child's abdomen while it drinks its milk. These simple precautions will often suffice to cause it to be tolerated. We know that the milk diet is suitable, when the child does not suffer from eructations, or distention of the stomach after its meals, when the diarrhoea diminishes, and the stools contain less mucus and indigested caseine. When the diarrhoea persists, and the caseine passes without being digested, it is a sign that the milk diet is not supported. Then in the case of a suckling child, it is necessary to change the nurse until the digestion is re-established. M. Donne and I have advised that this should be done five or six times successively. In the case of a weaned child who cannot tolerate milk, arrow-root, panada, rice water, and chicken broth must be substituted. The latter aliment should be more or less concentrated according to the age of the patient. The yelk of an egg beaten up with broth constitutes a restorative nourishment for children exhausted by an abundant diarrhoea.

The nourishment of young infants is almost exclusively liquid; they take their food and drink simultaneously; I believe that with the exception of milk and broth, drinks should be given with great reserve. Some slightly bitter infusion is most appropriate. It should be cold, and given in small doses.

Corporeal hygiene demands as much attention as dietetics.

It is scarcely necessary to say that the most scrupulous cleanliness should be observed in the care of the little patients; thus the irritations about the nates, and the erythematous and pustular affections so frequently observed in children who are neglected, may be avoided. It is important that they should be warmly dressed, and especially that the abdomen should be enveloped by flannel band.

One point which should always attract the attention of the physician, who attends a child suffering from a gastro-intestinal affection, is the dentition. The opinions of practitioners are not united in regard to the efficacy of lancing the gums; I have often practiced this little operation, usually in acute cases, and in children presenting cerebral symptoms, but have never obtained any very evident results; but as many of my brethren assert its efficacy, especially in cases which vomiting is obstinate, I advise that it should be performed; it has no inconveniences, provided a somewhat deep crucial incision is made quite down to the tooth.

MILD ENTERITIS.—The following is the treatment that I have found most successful:

1. Enforce the hygienic rules just mentioned.

2. If change of diet does not suffice, and the diarrhoea persists, I prescribe for two or three days one, two or three doses of calomel, from half a grain to a grain, according to the age.

The calomel produces two very different effects: Sometimes it suppresses the diarrhoea, in other cases it increases temporarily. If the first effect, which is the rarer, occurs, I await the return of the diarrhoea before acting; if the diarrhoea does not return, I leave the disease to itself. In the cases in which the calomel augments the diarrhoea, I replace it by the subnitrate of bismuth, which I give in tolerably large doses of one or two scruples in twenty-four hours for a child at the breast. I persevere in the bismuth until the diarrhoea is arrested. It is rarely that this treatment is not crowned with success in a few days. I have often employed, when the diarrhoea had a tendency to disappear, the extract of logwood, in doses of 12 grains to 2 scruples in the twenty-four hours. This is an agreeable remedy, having somewhat the tast of liquorice. Dr. West gives the extract of logwood combined with the tincture of catechu, 5 grains of the former with 10 drops of the latter, thrice daily.

The same physician advises three or four drops of liquor potassae with wine of ipecac, every four hours in a little milk, when the diarrhoea is connected with dentition. At night, after a warm bath, he gives a grain each of Dover's powder and mercury with chalk.

If the disease becomes modified; if the chronic succeeds the acute form, or the symptoms of the grave variety supervene, it is necessary to employ other remedies.

Saline Enemata.—Dr. Dewees states that he has used more than a hundred times, with the greatest advantage, injections composed of a solution of three tea-spoonfuls of common salt in three glasses of water, as an exclusive remedy, in order to calm the gastric excitement. I have no personal experience on this point; but *a priori* I should feel a repugnance to employing such a remedy, for fear of augmenting the diarrhoea.

Alkalines—Vegetable Acids.—Jaeger advises a mixture of carbonate of potash, tincture of rhubarb, fennel water and syrup, in order to neutralize acids, which he considers causes of the disease. Pittschaff, who sees in the disease a kind of putrefaction, advises, on the contrary, the use of acids. He prescribes half a table-spoonful of the following potion every hour: Orange-flower water, 3ij; pyroligneous acid, 3j; syrup, 3j. Blasius advises chlorine water.

When the symptoms of the second period appear (coldness, smallness of the pulse, flaccidity of the abdomen), recourse must always be had to excitant tonics and cutaneous revulsives. Wine is the tonic which I prefer; I also employ the spirit of ginger, the spirit of ammonia, canella-water, and Hoffmann's anodyne. I give Port or Madeira wine in tea-spoonful doses every hour, or every quarter or a half hour, according to circumstances. I alternate the wine with a tonic potion (see Case VIII.), and apply a large cataplasm, sprinkled with mustard, upon the abdomen, and other sinapisms upon the extremities. Sometimes I have the patient enveloped from head to foot in a sheet dipped in an infusion of mustard. I allow the child to remain wrapped in this covering for an half hour or two hours, and repeat the application once or twice in the course of the day, unless the skin is too red.

M. Trousseau advises a mustard bath; the wrapping appears to me preferable; it produces more warmth. Urtication and electricity may be useful, but I have not employed them; the important point is to act rapidly upon a large surface, and to promote warmth, and, at the same time, a stimulation of the peripheric nervous system; this is why I prefer mustard to blisters, the action of which is much more circumscribed. I have applied blisters to the epigastrium, however, in some cases in which the vomiting was incessant. Aromatic and tonic, and gelatine baths have also been recommended, and I have occasionally employed them; but they occupied only a secondary place in the treatment. I may say as much of stimulant and tonic fomentations, which may be useful when the danger is not imminent; revulsives are certainly preferable in grave cases. Pommer advises that compresses saturated by a decoction of bark, of willow, oak and aromatics should be applied to the abdomen.

The child should be constantly enveloped in warm linen, and bottles of hot water should be placed near it, or, better still, it may be warmed in the bed of the nurse or mother.

The learned researches of Dr. Chossat on inanition, have demonstrated the importance of heating the body in order to preserve life. It should not be forgotten that it is during the night especially, that the tendency to coldness comes on, (according to Dr. Chossat, it is six times greater at night than in the day.) The child should therefore be watched with especial care during the night. The beautiful experiments of my learned compatriot have proved that animals have been resuscitated by heat when death was imminent. It is true that the results were prompt and complete in proportion as the animals were low in the scale, and that we cannot always conclude from the success of physiological experiments, that their imitation in pathology will be successful. But these results are sufficiently striking to demand serious consideration.

Summary.

A. When called to a child in the grave period of choleric form enteritis (incessant vomiting and diarrhœa, with or without fever), I prescribe:

1. The suspension of all food, except breast-milk, or ass's milk, or chicken soup, given when cold in table-spoonfuls every two or three hours.

2. A potion of the nitrate of silver, in a manner to cause 2-5ths or 3-8ths of a grain to be absorbed in twenty-four hours.

3. Cataplasms sprinkled with mustard on the abdomen.

4. The continuation of these remedies until the diarrhœa and vomiting diminishes.

B. If the patient has reached the second stage (coldness, pulselessness, pallor, prostration, alteration of features), I prescribe:

1. That the child should be wrapped in a sheet soaked in mustard infusion, or that large sinapisms should be applied on different parts of the body, or that the child should be placed in a mustard bath.

2. Malaga wine, a tea-spoonful every half hour.

3. If the vomiting is checked, I increase the quantity of food.

4. If the diarrhœa continues and is abundant, I order an enema with four or five drops of laudanum.

5. I stop the applications of mustard and the wine as soon as reaction is obtained; if the diarrhœa persists, I continue the injections, or else give a large dose of subnitrate of bismuth.

C. In case the symptoms are less urgent, I employ at the commencement the treatment of the mild form, (calomel and

bismuth;) but I instantly substitute the nitrate of silver for the bismuth, if the condition of the patient becomes worse.

Cerebral enteritis.—The indications are not the same as in the preceding form. The diarrhoea and vomiting play here only an accessory part; there is no coldness. The whole danger of the disease lies in the spinal and cerebral nervous system. The treatment of the eclampsia therefore is chiefly to be considered.

I advise in the convulsive variety:

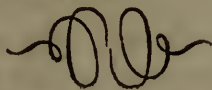
1. Small doses of calomel.
2. Cataplasms on the abdomen.
3. Bran baths.
4. Leeches behind the mastoid apophyses, if the convulsions are violent and frequent, and accompanied by intense febrile symptoms.

5. The incision of the gums if the case require it.

6. Absolute diet during the acute stage.

In the meningeal variety I advise:

1. Small doses of castor oil or syrup of manna, if constipation exists; minute doses of calomel, if diarrhoea occurs.
2. Bran baths and cataplasms.
3. The oxide of zinc, if the nervous condition is manifest, either separate or combined with the magistery of bismuth if diarrhoea is present.
4. The regulation of the diet.



THE STATE SOCIETY AND MEDICAL PROFESSORS.

On Wednesday, Thursday and Friday, Oct. 19th, 20th, and 21st, was held the annual meeting of the Kentucky State Medical Society.

We learn the meeting was one of very considerable interest, that a number of interesting and valuable reports were presented, and that steps initiatory, we trust, to several important results were taken. We regret that we were not able to be present. We regret far more to hear that the proceedings were not altogether harmonious—that while the session, was in the main pleasant and profitable, both pleasure and profit were, to some extent, marred by disturbing elements.

Several members of the body took exceptions, as avowed upon the floor, on *personal* grounds to the report on Surgery presented by PROFESSOR FLINT. The discussion which followed the action of the Society in the premises, resulted in the withdrawal by Prof. F. of his report—which, however, at a later period of the session, was formally requested of Prof. Flint by the Society, and referred, after the usual form, to the committee on Publication.

We have no intention now of discussing the right or the wrong of this matter. We may return to the subject when the document is printed—which it surely will be. But we wish to raise our voice, as we have always heretofore done, and always hereafter will do, against a capital error into which the Society has fallen—one which will, if persisted in, infallibly wreck the Society among the breakers of strife and the rocks of bitterness;—we refer to the *recognition by the Society in any or all of its proceedings, of the existence of Professors in Medical Schools in their professorial capacity.*

There is not the best feeling prevailing between all the members of the faculties of the two Schools located in this city. This is very bad but it is true, and generally known to be so. It is not worth while *now* to inquire into the reasons of this. We must deal with facts as they stand. Manifest-

ly it is neither the right nor the business of the State Society to recognise either, to the exclusion, partial or complete, of the other. The necessary result of such recognition, unjust in itself, would be either an immediate annihilation of the Society, or a death more gradual but not less sure. In endeavoring to avoid this, the Society ran into the other extreme, and in the beginning of its existence—determined to give cause of complaint to neither—did give just cause of complaint to both, by attempting to exclude from the honor of the Presidency any member who was a Professor in either School. This practical ostracism of men, some of them very eminent in their profession, and ornaments to it, because they happened to be engaged in this useful and honorable vocation, was of itself a great grievance, and we are glad that the Society receded from the position it had taken in this matter, by electing for its Presiding officer, the distinguished Professor of Surgery in the Medical Department of the University.

Thus far they are acting out the true principle, viz: That in the Society no distinction is to be made—that there all stand on a common level, and a man is neither to be honored nor excluded from honor because he happened to be a teacher of that Science, the advancement of which is the very aim and object of the Society. Thus far we repeat they have done well. Another duty remains—belonging both to the Society as a body and the members individually. It is to see that no private pique or personal feelings of any kind, at any time prompt them to suppose, or at least *to act on the supposition*, that a man has not the dignity and honor of his profession at heart when he speaks of what he really believes to be abuses in that profession, or that because he is identified either in interest or feeling with one School, he is therefore necessarily pointing inuendoes and sarcasms at other men who are connected with the other School.

If it be necessary that the individuals composing the faculties of these Schools mistrust and harshly judge each other, let the Society have nothing to do with their quarrellings. Let it recognise them, not as professors, but as men, and let it attempt neither to exclude them from honors, to which they

certainly have as good right as anybody else, nor to mix itself up, in the way it seemed disposed to do, with the personal ill-feeling of its members.

Obviously it was a piece of common courtesy and justice to receive the report of the Chairman of the Committee on Surgery, unless there were grave and serious objections to it beyond what must have existed in this case—for the final action of the Society was to do precisely what it ought to have done in the beginning.

The Society had no right in this or any other way, directly or indirectly to impugn the motives of any of its reporters.

In this case it did both itself and its committee injustice. It has done what it could to repair the fault, and we most earnestly deprecate in future any similar occurrence, sincerely trusting that much good may grow out of its meetings, and hoping with all our heart that it "may live a thousand years and its shadow never grow less."

Below we present the full minutes, kept by a valued friend, of the

Proceedings of the Third Annual Meeting of the Kentucky State Medical Society, held in the Medical Hall in the City of Lexington, commencing on the 19th of October. 1853.

MORNING SESSION, 11 o'clock.—The meeting was called to order by the President, and then opened with prayer by the Rev. Mr. Pratt of the Baptist Church. On motion the reading of the minutes of the last annual meeting was dispensed with. Reports from special committees being in order, Dr. Yandell was the only one present found ready to report, and the reading was deferred until the afternoon session. A number of gentlemen were proposed for membership.

Dr. Sutton offered the following resolution; "That the 1st Section of Article 8th be amended by striking out the word 'by ballot'; also that the 2nd Section of the same Article be stricken out," laid over until to-morrow agreeably to constitution.

Dr. L. P. Yandell, moved that a committee be appointed to revise the by-laws, which was carried, and Drs. Darby, Yandell and Spillman, appointed.

Dr. Sutton offered a resolution that a committee consisting of one from each county and city of Louisville be appointed to nominate officers for the ensuing year, carried.

Dr. Piles moved that the cities of Louisville and Lexington

be allowed an additional member in the nominating committee. The resolution was lost.

Dr. Thomson moved as an amendment to Dr. Sutton's resolution, that the representations in the nominating committee be in the same ratio, as in the house of representatives of the Kentucky Legislature, carried.

Dr. Yandell moved that the Society adjourn for a few moments, and then re-assemble for the purpose of electing members, carried. The Society then adjourned and immediately re-assembled; the candidates were ballotted for and duly elected.

Dr. H. Miller moved to amend Dr. Thompson's resolution so as to allow each county at least one member in the nominating committee, carried.

Dr. Thompson moved that Prof. G. W. Bayless of Cincinnati, who was present be invited to participate in the proceedings, carried.

Dr. Darby moved that Prof. Benj. Dudley be invited to participate in the meetings, which was carried.

On motion the Society then adjourned until 3 o'clock P. M.

AFTERNOON SESSION, 2 o'clock P. M.—Society met pursuant to adjournment, and a number of gentlemen were proposed for membership.

Dr. Yandell as chairman of the committee on Medical Literature of Kentucky, then read his report, which was on motion, received and referred to the committee of Publication. The following gentlemen were announced as the committee of nomination:

Louisville—Drs. Thompson, W. H. Miller, Ronald and Hall; Oldham County—Dr. Truman; Bracken—Dr. Bradford; Fayette—Drs. Darby and Pilkington; Boyle—Dr. Smith; Woodford—Dr. Chew; Mead—Dr. Brown; Mercer—Dr. Evans; Mason—Dr. Duke; Kenton—Dr. Chambers; Scott—Dr. Sutton; Franklin—Dr. Snead; Bourbon—Dr. Ray; Harrison—Dr. Hawkins; Jessamine—Dr. Letcher; Clarke—Dr. Riffe.

On motion the Society then adjourned until 7½ P. M.

NIGHT SESSION, 7½ P. M.—Society met pursuant to adjournment, and a number of gentlemen proposed for membership. The gentlemen proposed at the previous meeting were ballotted for and elected.

Dr. Darby moved that Dr. H. Kirby of Miss. be invited to join the deliberations, adopted. Dr Chipley then read his annual address, as President. On motion the address was received and referred to the committee of Publication.

On motion the Society then adjourned until to-morrow morning 9 o'clock A. M.

THURSDAY, 9 o'clock, A. M.—The Society met pursuant to adjournment, the minutes of the preceeding day were read and adopted; a number of gentlemen were proposed for mem-

bership, and those previously proposed were balloted for and elected. A communication was received from Dr. Perrin, on the part of the Superintendant, inviting the Society to visit the Lunatic Asylum; also a communication inviting the Society to visit the Museum and Medical Library of Transylvania University.

On motion, of Dr. Peter, Dr. Flint then proceeded to read his report on Improvements in Surgery. When he had finished, Dr. Peter moved that it be referred to the committee of publication. Drs. Miller, Yandell, and Gross opposed it and offered their objections in detail. Dr. Bayless of Cincinnati also defended the operation of ovariectomy. Dr. Duke moved that the committee of Publication be instructed to strike out all that portion relating to Medical Ethics, as foreign to the subject and after considerable discussion, the motion was put to the house and carried. Dr. Flint requested that the Society would allow him to withdraw his report, which was granted.*

Dr. Ray as chairman of the nominating committee made his report of nominees, which was received. On motion the Society then proceeded to elect a president for the ensuing year, and Dr. S. D. Gross of Louisville was duly elected. On motion the Society then adjourned until 3 o'clock, P. M.

AFTERNOON SESSION, 3 o'clock, P. M.—The Society met pursuant to adjournment, and several new members proposed. Dr. Darby as chairman of the committee on Revision of By-Laws, made his report, which was on motion laid over until next meeting. On motion of Dr. Chipley, the rest of the gentlemen nominated were voted for en masse, with the exception of the Publishing committee, and the following was the result:

*On the question of reference to the committee on Publication, Dr. Gross objected on account of alleged personalities effecting himself, particularizing as of that character, what was said in an illustrative topic of the discourse on PROFESSIONAL EXTORTION. Dr. Miller also objected that there were personalities effecting himself, on what was said of the abuses of the SPECULUM. Dr. Yandell objected, not because there was anything personal to himself, but because two physicians of eminence referred to in the report, are not spoken of as respectfully as he thought they deserved. To satisfy one of these objections, Dr. Duke moved that in as much as Medical Ethics did not properly belong to the subject of the report the remarks on professional extortion be omitted in the publication. In the course of the debate on this portion, Dr. Flint observed that having been appointed chairman of the standing committee on Surgery, as the President would testify without solicitation he had performed the duty in a manner which he thought would be acceptable to the Society—that he could not acknowledge the propriety of the objections taken to the report, nor had he any disclosures, explanation, or apologies to make to anybody on account of anything it contained, but the manuscript was upon the table and if any member would refer to its pages, and point out the passage or passages offensively personal to himself, he would, with the consent of the Society, expunge them at once. He could not, however, submit to have his report referred to the publishing committee with any unusual and offensive conditions. The motion of Dr. Duke prevailing Dr. Flint accordingly requested permission to withdraw his report, which was granted.

Dr. Ayres, of Lexington, Senior Vice-President.

Dr. Chambers, of Covington, Junior Vice-President.

Dr. W. C. Snead, of Frankfort, Recording Secretary.

Dr. W. H. Miller, of Louisville, Corresponding Secretary.

Dr. Monroe, of Frankfort, Librarian.

Dr. D. Thompson, of Louisville, Treasurer.

The Society then proceeded to elect a committee of Publication, and the following gentlemen were duly elected.

Drs. S. G. Richardson, S. S. Bell, and J. Bartlett of Louisville.

Dr. Peter then read his report as chairman of the committee on the relation between Diseases, and Particular Geological Formations, which was received and referred to the committee of publication. Dr. Peter also proposed in connection with his report, to present a memorial to the Kentucky Legislature upon the importance of a Geological Survey of the State. Dr. Chipley moved that the memorial be adopted and signed by the members—carried, and Drs. Peter, Snead and Sutton appointed a committee to present the memorial. Dr. Chipley, presented a letter, from Dr. Powell, in relation to his report, which was on motion, received and filed. Dr. S. B. Richardson then commenced his report on the Statistics of Hernia, which was not finished on account of the lateness of the hour. On motion the Society adjourned until 7½ P. M.

NIGHT SESSION, 7½ o'clock, P. M.—The Society met pursuant to adjournment, and proceeded to the election of new members. Dr. Richardson then resumed his report, which was received and referred to the committee of Publication. Dr. Chipley stated that he had the report of the committee on Public Hygiene, which he moved be laid upon the table for the present—carried. Dr. Chipley also announced that he had a report of the committee on Medical Ethics which he was requested to read. On motion the report was received and referred to the committee of Publication. The report of Dr. Wible on Medical Grievances in Courts of Justice was read and referred to a special committee, consisting of Drs. Wible, Peter and Chipley. Various committees were called upon, and continued. Dr. Darby moved that the Society reconsider their action in regard to the Surgical report of Dr. Flint, which motion was withdrawn after some discussion. Dr. Chipley moved that the Society go into the election of delegates to the next annual meeting of the American medical Association, which was concurred in and the following gentlemen elected:

Drs. Anderson, Chew, Thompson, Peter, Evans, Pilkington, Duke, Bradford, Mattingly, Ewen, Chipley, W. H. Miller and Darby. On motion the Society then adjourned until 9½ o'clock, A. M., to-morrow.

FRIDAY MORNING SESSION, 9½ o'clock, A. M.—The Society

met pursuant to adjournment, and a number of gentlemen proposed for membership. On motion the Society adjourned for a few minutes, and then reassembled for the purpose of electing members. On motion the regular rules were suspended, for the purpose of selecting a special committee, to report subjects for especial reports, Drs. Chambers, Bradford and Chew, were appointed. Dr. Owens then read his report upon Epidemic Erysipelas, which was received and referred to the committee of Publication.

Dr. Sutton then read his report upon Vital Statistics, which was received, and referred to the committee, with instructions to publish 300 extra copies, and to request the author to furnish an abstract for the daily papers of the State. The report of the committee on Medical Hygiene, was on motion of Dr. Chipley read and referred to the committee of Publication, Dr. Chambers, as chairman of the committee, reported upon the especial subjects selected for reports the ensuing year, which was adopted. The Society was invited, through Dr. Darby, to a supper to-night at the Phoenix Hotel. The Society then selected Covington as the place of the next annual meeting. On motion of Dr. Chew the Secretary was exempted from the annual assessment.

Dr. Sutton offered the following resolution, which was adopted: Resolved, that the nomenclature adopted by the American Medical Association be adopted by this Society.

Dr. Chew introduced the following resolutions: Whereas the benefit resulting to the public, directly and indirectly, from the action and unwearied labors of the medical profession, are so numerous and important, that physicians are entitled to the utmost consideration and respect from the public; they ought to entertain a just appreciation of professional qualifications; to make a proper distinction between true science, and the assumptions of ignorance and empiricism; to afford every facility and encouragement for the acquisition of medical education, and instead of allowing the Statue Books, to exhibit the anomaly of exacting knowledge from physicians under liabilities to heavy penalties for resorting to the means of obtaining it, they are entitled to the confidence, and ought to receive the patronage of the State; therefore be it resolved that a committee of five be appointed, whose duty it shall be to memorialize the next General Assembly in reference to the passage of a law authorizing the publication of the Transactions of the Kentucky State Medical Society, and that 500 copies be furnished annually to the President for gratuitous distribution.

Resolved, that the Secretary of the Society, at an early day as practicable, cause to be printed 150 copies of the above preamble and resolutions, and send one to each Senator and Representative elect in the Commonwealth, passed and Drs.

Chew, H. Miller, Sutton and Matitngly were appointed the committee. On motion of Dr. Chambers it was

Resolved, that a committee be appointed by this Society whose duty it shall be to memorialize the next session of the Legislature of Kentucky, to pass a law, making it obligatory on apothecaries and druggists, and all venders of medicine of every description to place a label on every article of Patent Medicines, and Nostrums, which label shall have written or printed upon it, the name of every article which enters into its composition, and the quantity of each, written in plain English. The resolution was adopted, and Drs. Chambers, Drake and Small were appointed the committee. Dr. Darby's report on the By-Laws being called up they were passed; they were as follows:

ARTICLE 1st.—Each annual meeting of this Society shall be opened with prayer, if practicable, at the instance of the presiding officer.

ARTICLE 2nd.—The deliberations and ordinary government shall be according to Parliament rules.

ARTICLE 3rd.—Order of Business.

Section 1st.—Reading of the minutes of previous meeting.

Section 2nd.—Propositions for membership.

Section 3rd.—Election of new members.

Section 4th.—Reports of standing committee.

Section 5th.—Reports of special committee.

Section 6th.—Miscellaneous business.

ARTICLE 4th.—New members shall have paid initiation fee, before they are entitled to vote.

ARTICLE 5th.—The annual contribution to defray the incidental expenses, shall be assessed at each annual meeting of the Society, and no member shall be entitled to vote at the next meeting who has not paid the assessment.

ARTICLE 6th.—The By-Laws may be amended or added to by a majority of the Society.

On motion, the Society adjourned until 3 o'clock P. M.

FRIDAY EVENING SESSION, 3 o'clock, P. M.—The Society met pursuant to adjournment, and a number of gentlemen were elected members. Dr. Snead as chairman of the committee on the History and Mode of Management of Prisons and Penitentiaries, presented his report which was received and referred to the committee on Publication. Dr. Freeman offered the following resolution: *Resolved*, that the Society forward one or more copies of its transactions to the American Medical Society of Paris. The number of Copies to be determined by the Publishing committee, adopted. The following gentlemen were elected Honorary members of the Society: Drs. Clapp of New Albany, Ia., J. F. Smith of New York, and M. L. Linton of St. Louis, Mo. The Secretary and Treasurer presented their accounts, showing a balance of

§7 12. On motion, the Treasurer was directed to pay Webb & Levering the balance due for printing last year's reports, and also that he dispose of the remaining copies at one dollar a copy. At the suggestion of the President, the Society reconsidered their action in regard to Dr. Flint's report, and on motion, of Dr. Thompson, the Secretary was directed to request of Dr. Flint a copy for the Society. On motion, of Dr. Chipley, the thanks of the Society were tendered the officers for the faithful performance of their duties.

On motion the Publication committee were ordered to contract for the publication of the proceedings of the Third Annual Meeting.

On motion, of Dr. Chambers, the secretary was directed to notify delinquent members, that unless their dues were paid regularly, that they would be dismissed.

Dr. Spillman offered the following resolution: Resolved that no chairman of a special committee shall occupy more than one and a half hours in reading his report without special permission, adopted.

Dr. Chambers offered the following resolution, which was adopted: *Resolved*, that the treasurer shall procure a book for the use of the Society, where shall be transcribed the Constitution, which it shall be the duty of all the members to sign.

The President announced the following gentlemen as chairman of standing and special committees,

STANDING COMMITTEES.

Committee of Arrangements, Dr. Preston of Covington.
 Committee of Practical Medicine. Dr. Chew of Woodford.
 Committee of Improvements in Pharmacy, Dr. J. L. Smith, Louisville.
 Committee of Vital Statistics Dr. John Swain;
 Committee of Obstetrics, Dr. L. Powell, Louisville,
 Committee of Medical Ethics, Dr. Mattingly. Bardstown.
 Committee of Public Hygiene, Dr. P. B. Drake.
 Committee of Epidemics, H. M. Bullitt, Louisville.
 Committee of Surgery, Dr. F. Polin, Springfield.
 Committee of Indigenous Botany. Dr. Donohoff, Louisville,
 Committee of Finances, Dr. Hewitt, Louisville.

SPECIAL COMMITTEES.

On Medical Biography, Dr. R. J. Breckinridge, Louisville,
 On Suits for Mal Practice. Dr. Spillmann. Harrodsburg.
 On the Relation between Disease and Particular Geological Formations, Dr. Peter, Lexington.
 On the Statistics of Lithotomy and Calculous Diseases, Dr. Gross. Louisville
 On the History and Mode of Management of Hospitals Dr. Raphael, "
 On the Results of Surgical Operations in Malignant Diseases, Dr. T. W. Colescott Louisville.
 On Placenta Previa, Dr. H. Miller, Louisville.
 On Inflammation and Ulceration of Cervix Uteri, Dr. W. H. Miller, Lou.
 On Epidemic Dysentery, Dr. Hynes, Bardstown.
 On Typhoid Fever, Dr. J. Smith, Danville.
 On Statistics of Remedies in Disease, Dr. L. Rogers. Louisville,
 On Scarlatina, Dr. Evans, Mercer County.
 On Ovariectomy, Dr. Bradford.
 On the Comparative value of Remedies in Testicular Disease, Dr. Craig.
 On Substitutes for Quinine Dr. Chambers. Covington.
 On Spinal Disease, Dr. Freeman.

On Insanity, Dr. J. R. Allen, Lexington.

On Physiological and Morbid Effects of Alcoholic Drinks, Dr. J. M. Duke, Maysville

On Injuries of Skull and Brain, Dr. Hardin, Louisville,

On Theriputical Effects of Anthemis Cotula in Disease Dr. N. B. Anderson, Louisville

On Water as a Theraputic Agent, Dr. Darby, Lexington.

After a short address from the President the Society then adjourned to meet in Covington on the third Wednesday in October 1854.

The Society met again, although not in an official capacity, around the festive board at the Phoenix Hotel, where full justice was done the tempting viands and drinkables, so liberally spread before them by their brethren of Lexington. Various handsome speeches were made by the members of the profession and their invited guests of the Bar, Press &c., and all "went merry as a marriage bell."

At a meering of the Physicians of Louisville, at the office of Prof. L. Powell, on Monday, 24th inst., for the purpose of expressing, their sentiments of regard and affection for their late distinguished associate, Dr. Wm. C. GALT, Prof. L. Powell was called to the Chair, and Dr. T. S. Bell was appointed Secretary.

After an explanation of the objects of the meeting by the Chairman, Dr. Coleman Rogers offered the following preamble and resolutions, which were adopted unanimously:

The physicians of the city of Louisville having received the melancholy intelligence of the death of Dr. Wm. C. Galt, the oldest medical practitioner in this place, and for many years past an object of veneration and love of all his professional associates, desire to give utterance to their sentiments and feelings on the occasion, as follows:

Resolved, That, while their is little in the death of a good old man, like Dr. Galt, to excite the poignant grief of his friends, it is an affecting event suited to revive our recollection of the excelledcies of his life, and to call forth an expression of the respect and affection which those excellencies had inspired.

Resolved, That as members of the community in which our

venerable friend had passed so long, so useful and so honorable a life, it is grateful to bear testimony to his probity, his public spirit, his estimable social qualities, and his scrupulous regard to the various obligations of citizenship.

Resolved, That as physicians we commemorate with fraternal pride his extraordinary qualities as a medical practitioner, his exemplary habits of reading and study, as well as the skill and efficiency with which he applied the knowledge thus gained to the treatment of disease, his kindness and devotion to the sick, his beneficent services to the poor, and the dignity, honor and courtesy that uniformly characterised his intercourse with professional associates.

Resolved, That we sympathize with his family in their bereavement, and solicit the privilege of uniting with them in the ceremonies that may be observed in the final disposition of his remains.

On motion of Dr. Bell, the following resolutions were unanimously adopted:

Resolved, That these proceedings be published in the Medical Journals of Kentucky, the daily papers of the city, and that a copy be transmitted to the family of the deceased.

Resolved, That we will attend, as a body of Medical Associates; the funeral of Dr. Wm. C. Galt.

L. POWELL, CHAIRMAN.

T. S. BELL, *Secretary*.

NEW BOOKS.—We have received from the publishers, Lea & Blanchard, several Works which will be noticed in our next issue.

RECEIPTS FOR THE RECORDER.

Dr. B. B. Wootton, \$1. Dr. Alex. Forsyth, \$1. Dr. George Ronald, \$1. Dr. James Goslee, \$2. Dr. Samuel Martin, \$1. Dr. William H. Wise, \$1. Dr. D. McIntosh, \$1. Dr. E. Richardson, \$1. Dr. J. M. Meyer, \$1.

KENTUCKY MEDICAL RECORDER.

VOL. III. LOUISVILLE, KY., DECEMBER, 1853. NO. 4

Notice of Dr. Yandell's "Biographical Memoir of Dr. Chas. Caldwell," in the August No. of the Western Journal of Medicine and Surgery.

"And art thou dead? so is my enmity,
I war not with the dust."

SUCH is the sentiment uttered over the prostrate body of his foe, by the noble though barbarous Moor in the celebrated Tragedy of the Revenge, and in every generous and noble breast it meets with an instinctive and prompt approval. Yet are there those, and though rarely, yet sometimes to be found in elevated stations, so recreant to every feeling of true honor and manliness, as to be utterly incapable of either appreciating or acting in accordance with the spirit of the lines above quoted.

The writers wish, is, to call the attention of the public to the real character and purpose of an article published in the August number of the Western Journal of Medicine, purporting to be, and headed, "*A memoir of Dr. Charles Caldwell, by L. P. Yandell.*"

The very announcement of such a paper, from such a source, must awaken surprise in all who are acquainted with the relative positions of the two individuals, the Biographer and his subject, in former and later years; and this will include both the citizens of Louisville, and the great mass of the Medical Profession in the Mississippi Valley, as well as many members of it in the Southern and Eastern States. It is the intention of the writer to briefly notice those relative positions, as they have existed; and then by comparing Dr. Lunsford Pitts Yandell, of one period, with Dr. Lunsford

Pitts Yandell of another date, enable those who may choose to peruse the two papers, to affix a proper estimate on the *candor, truthfulness, and sincerity* of Dr. Caldwell's memoir writer.

What then was the relation borne by Dr. Yandell to Dr. Caldwell, in former and in later years.

Some thirty years ago, Dr. Yandell came to Lexington an obscure Medical student. How his acquaintance with Dr. Caldwell commenced, the writer does not remember, whether he was made known to Dr. C. by letters, or merely by being a member of the Medical Class of Transylvania. Possessing some activity of mind with a good deal of plausibility, a pretty good command of language, and a still better acquaintance with human nature, he soon gained the ear and confidence of Dr. Caldwell, whose open, manly and ingenuous character too often made him the dupe of the unworthy, by its own entire freedom from all guile. Thoroughly versed in the art of

"Crooking the pregnant hinges of the knee
Where thrift may follow fawning."

Dr. Yandell established himself in Dr. Caldwell's esteem by professions of profound admiration, of his talents and character, both in his personal intercourse when in Lexington, and when absent, by letter upon letter, many of which are still in existence, abounding constantly with similar protestations. The result of this was, that when, a few years afterwards, the Chair of Chemistry in the Transylvania School not being satisfactorily filled, it became necessary to strengthen it, and its incumbent resigned, Dr. Caldwell by his commanding influence obtained Dr. Yandell's appointment to it, believing, that although not then qualified to discharge all its duties, his supposed talents aided by industry, would soon make him a fully competent, if not a really distinguished teacher of Chemistry. How completely he was deceived in his estimate of Dr. Y., has been deplorably manifested; twenty odd years of constant drilling having proved, even to the satisfaction of Dr. Y. himself, his utter incompetency for the high station to which he had been called. But so it was, Dr. Caldwell placed him there, sustained and aided him in every possible way—extended to him every kindness and favor, his advice and counsel were most freely given, his purse was

open to him if needed—in short, had there been the tie of a close blood relationship between them, more could scarcely have been done.

In the Fall of 1834, the writer became a member of the Medical Class of Transylvania, and was throughout the session, and while attending the lectures, a close observer of what passed around him. He at that early period gave Professor Caldwell warning that he was deceived in Dr. Yandell, not only in the estimate of his abilities, but in the full reliance which he placed on his good will and friendly intentions and feelings toward himself. To this, Dr. Caldwell turned a deaf ear, and was indeed somewhat dissatisfied at the prejudices as he termed them, which the writer had taken up. Remaining in Lexington, the session of 1835–6 again saw him a member of the Medical Class, and he again became sensible that Dr. Yandell was endeavoring insidiously to undermine Dr. Caldwell, and weaken, if possible, his influence in the school and with the class. About the close of the session, a breach took place between the two Professors in consequence of a most dishonorable effort on the part of Dr. Yandell, to prevent one of the candidates for graduation from being allowed to come forward, owing to some private grudge or ill-feeling toward him. Dr. Caldwell being informed of the true merits of the case, at once crushed the attempt, and the young gentleman was received, examined and admitted to the honors of the Institution. Enraged at his defeat, Dr. Y. gave utterance to some unbecoming expressions about the affair, which Dr. Caldwell becoming apprized of, they were resented by him in an entire change of deportment toward the offender, and this drew from him the atonement of an ample apology. A reconciliation then took place which, on the part of Dr. C. *at least*, was sincere.

At the close of the following session 1836–7, the disruption of the Medical Faculty of Transylvania occurred, growing out of the effort to remove the School to Louisville. In this difficulty, with the true instinct of interest, Dr. Yandell co-operated with Dr. Caldwell; and when the talents and energy of the latter had given an impulse and life to the Medical Institute of Louisville, he once more extended the friendly

and supporting hand, and committed the grievous error of placing Dr. Yandell again by his side. And for this how was he rewarded? After the Institute, which in the beginning, and for some years, had been beset by a bitter opposition, and a number of serious difficulties, a detail of which is needless in this place, had got into full and successful operation; once more did Dr. Yandell go quietly and deliberately to work to undermine and injure his benefactor. His efforts to this end were continued for years, and at last in 1849, he had the gratification to see the man, to whom he was himself indebted for everything of position which he had, as well as for innumerable acts of favor and kindness, removed from the Chair he had so long adorned. And on what ground was the removal made? was it for incapacity, or neglect, or failure in duty? No it was not. None dared to make such charge openly for all knew its falsehood. No allegation was made save that Dr. Caldwell had reached the age of seventy-seven years! this was his *sole* offence or deficiency, except that of standing in the way of Dr. Yandell, who *modestly aspired* to the Chair, and who actually gained it subsequently, in *direct opposition to the wishes and approbation of his colleagues who had refused to recommend him*, knowing his utter incapacity and unworthiness for the station.

Thus briefly have we sketched the position of the two parties up to this period. No subsequent intercourse occurred between them that the writer is aware of.

Early in July last, Dr. Caldwell paid the great debt of nature, and scarcely is he cold in the grave, when lo, Dr. Yandell stands forth as his memorialist, *apparently* in the spirit of truth and candor, but really in that of the cold-blooded cautious depreciator, not to say slanderer—

“To damn with faint praise, assent with civil leer;”

While at the same time he aims the blow of the assassin, where he thought the character of Dr. Caldwell was vulnerable, and might be injured in the public esteem. But in this dastardly attempt, he will be foiled as will hereafter be shwon.

Meanwhile to exhibit Dr. Yandell's consistency, the writer will refer to some prominent points in the (so styled) memoir, and compare the views and sentiments there set forth, with

extracts from private letters of the worthy memorialist, addressed to Dr. Caldwell himself in former days.

The first matter we shall notice occurs on page 100. It contains as will be at once seen, a covert attack evidently intended as introductory to the grand charge at the close of the paper. Here the memorialist says: "Dr. Caldwell manifested thus early a disposition to controversy, which he continued to exhibit all his life. Dr. Samuel Stanhope Smith, President of Princeton College, published in the year 1787 an essay on the 'Unity of the Human Race,' in which he attempted to explain, on physical grounds, the diversity of colors and physiognomy of the several branches of the Human Family. Dr. Caldwell whose studies had been much in the French school,* popular at that day attacked Dr. Smith's essay with great boldness, and as he himself always felt assured with entire success."

Mark the disingenuousness here shown. It is intended to convey the impression that the memorialist himself, as well as many others did not consider "*the success entire.*" This inference is plain. Will the reader now peruse the following extract, from a letter of Dr. Yandell, giving his opinion at a previous period of Dr. Caldwell's work on the "Unity of the Human Race."

"I had the gratification to find on my table your very interesting and kind favor by ——— together with your no less acceptable 'thoughts on the Unity of the Human Race.' Of course I lost no time in giving it an attentive perusal, and gladly now express to you my *bona fide* opinion of its character as you desire. Candidly, I believe it is one of the most lucid, cogent and conclusive discussions that I have seen from your pen. There is nothing in it not pertinent to the subject; no effort at display or fine writing, as you mention. You have satisfied me thoroughly that climate, modes of living, &c., as supposed by Smith and others, are not capable of producing the varieties; as well as of the inadequacy of the cause assigned by Pritchard and adopted by Lardner. On this subject it appears to me your reasoning is conclusive. Still there are difficulties, and the work will bring down upon you as I foresaw heavy denunciations from the pulpit. I have heard something of it here already. It is thus, that you molest orthodoxy; according to the Calvinistic scheme, as you know, all the weakness and wickedness of which men are guilty now, are owing to the original transgression of

*Whence, save from his own FUTILE IMAGINATION, did the memorialist learn this? It is the first intimation which the writer, Dr. Caldwell's son, EVER HAD OF SUCH A FACT.

Adam. On account of his fall, sin has been imputed to us, and we are now under a curse. But for this act of disobedience, his descendants would have been in a state of purity. Now they are wholly corrupt, absolutely sinful, covered morally from the crown of the head to the sole of the foot, with wounds, bruises and putrifying sores. To absolve them from this curse, it was necessary that Christ should come into the world, be crucified and rise again. This is held as the only true and saving Faith. Now sap the doctrine of the unity of the race, and the whole scheme falls to the ground. If the Caucasians are the descendants of Adam, the Africans are not under the curse. In fact there is no end to the confusion which this supposition would introduce into this theory. *Still, I believe with you, that it has nothing to do with the great truths of Religion, that it may be true, and yet Revelation untouched.* To the Unitarians in Religion, I imagine it will not prove offensive. I do not see that it impugns any part of their faith. But the opposition to it of the Orthodox will be unrelenting. They will show you no quarters. If my leisure will permit, I intend noticing it at length in T's. next paper. I think it will make as much noise as any work you have produced, and I am anxious, if I can, to create a belief that it is not opposed to the all important truths of Christianity. I am anxious to do this, as well on your account, as because I deem a firm religious faith, one of the most glorious of earthly possessions, and essential to the well-being of society."

The writer will merely ask of his reader---are Dr. Yandell's sentiments, as above given, favorable to the truth of Doctor Caldwell's views, and his success in refuting those of President Smith, Pritchard and Lardner or not?

On page 3 of the so styled Memoir, Dr. Yandell thus expresses himself: "Phrenology and mesmerism, the cherished topics upon which he (Dr. Caldwell) bestowed most time and labor, and which it was his glory to have been foremost in advancing, whatever be their real merits, have not yet obtained a footing among the accredited sciences." Again, he goes on a little further, "while the doctrines which scientific men condemned, were those which he most cordially embraced."

Let us now look back to Dr. Yandell's views and opinions about Phrenology, as expressed to Dr. Caldwell by letters at a former period.

Urging him to deliver a course of Lectures on Phrenology

in Nashville, Dr. Yandell thus holds forth: "For I am unwilling to believe that the young men of my State, of whatever profession, could be insensible to the charms and force of that eloquence, which so completely riveted the attention of your class of last winter. I am sure they could not be blind to the beauties of that science which is so attracting the attention of the world, as portrayed in your lectures. And nothing earthly, dear sir, could afford me more pleasure than to hear that man. from whose lectures I have gathered the richest literary treasures of my life, lecturing to my young friends, in Nashville. I would look upon it as Heaven's best boon to my countrymen."

In another letter may be found the following passage: "I must not omit to inform you of the encomiums paid your elements (of Phrenology) by the gentlemen whom I have mentioned, as having heard conversing ON OUR FAVORITE SCIENCE. The more I read the work, the more valuable I esteem it. I have looked through the Physiognomical system of Gall, Spurzheim, The Essays of McKenzie and Combe, and in your small pamphlets find all the valuable matter condensed," So much for consistency and truthfulness on this subject.*

Dr. Yandell continues his memoir, alternately speaking of Dr. Caldwell in terms of eulogy where he dares not to depreciate, and seizing every chance where he thinks the public mind may be either not so well informed, or less able properly to judge, to lower the standing of Dr. Caldwell as a useful, judicious or practical writer or teacher. The limits of a paper like the present will not admit of a thorough analysis of the whole memoir, by which its utterly malicious, false and disingenuous character might be readily exposed. The writer will only therefore call attention to one or two other points.

At page 113 the memorialist takes especial pains to run a parallel between the late Dr. Danl. Drake and Dr. Caldwell, in which he decidedly awards the superiority to the former. Far be it from the son of Dr. Caldwell to utter a word in disparagement of Dr. Drake. That distinguished man has, as

*If additional evidence of Dr. Yandell's publicly expressed opinions about the science of Phrenology is required, let the reader refer to the first volume of the Transylvania Journal of Medicine, and at pages 121 and 284, con over the sentiments therein contained, in two reviews of Dr. Caldwell's "Elements of Phrenology."

well as the father of the writer, passed from the present scene of action. But he will claim the right to quote Dr. Yandell's former opinions of Dr. Drake, as expressed in letters to Dr. Caldwell; and thus show how aptly the seemingly candid and sincere memoir writer has verified the adage, *Tempora mutantur et nos in illis mutamur.*"

In one letter he thus expresses himself, "Drake was not an ingenuous man. He took every *advantage* and labored for *effect*.* But he did injure you in the estimation of the class, and thus did injure most seriously the school, for in his public lectures he was employed always in combatting your theories-- in representing them as speculative, useless, and often worse; and in private his conversation was calculated to poison the minds of young, unsuspecting men toward you." He closes the letter with this remark. "It ought to be a matter of rejoicing to the friends of the Lex. Med. School that Drake is no longer a member of it."

Of another letter here is an extract again referring to Dr. Drake: "Drake is stirring up dissention there,† as he has always done, wherever he has been. He is un placably hostile to Transylvania. With the increase of character from being one of her Professors, he thought he could desert her for a chair in Cincinnati, with the effect of drawing off a part of her class. He is a designing dangerous man, and he has still his minions about Lexington."

Again, in another letter we find the following: "During Drake's career, stumbling blocks were continually thrown in your way; and a reputation for exalted powers, and profound acquirements called forth all his ingenuity to darken and decry what he could not equal."

So much for Dr. Yandell's *former and present* opinions and estimates of the late Dr. Drake.

One more extract from a letter of Dr. Yandell's to Doctor Caldwell on an especial and peculiar occasion, is submitted to the reader for his consideration and reflection;

"Be assured, sir; that mine is the last hand from which you will receive an injury, and that whatever may be the errors into which a temper too hasty may hurry me,* *ingratitude* shall not make one of the sins of him who subscribes himself, Very sincerely, your obliged friend and ob't sv't,

LUNSFORD P. YANDELL.

*The italics are Dr. Y's own.

†Meaning Cincinnati.

*The italics are again Dr. Yandell's own.

Let the reader and the public, by way of commentary on the above earnest protestation, accurately examine into Dr. Yandell's course towards his venerable colleague and benefactor, during the latter years of their connexion; and scrutinizing closely the Memoir, (so styled) which has called forth this notice; determine for themselves what amount of truthfulness, candor or sincerity can be imputed to the writer of the one and the actor in the other.

And now to speak of the closing paragraph of the *Memoir*—the one intended to produce the most mischievous effect—to give the most cold-blooded deliberate blow---the fatal stab, to the reputation of Dr. Caldwell in the minds of the religious and moral portion of the community. In this the whole purpose and purport of the paper becomes manifest; and for its introduction the gradual preparation has been made.

Assuming the tone of one friendly to Dr. Caldwell---his fame and character, Dr. Yandell thus expresses himself: "A more serious defect which, whether it was engendered by the prejudices of early education, or the associations formed later in life, is lamented by his friends,* as the capital one of his character was the want of a sincere religious faith."

What, pray; does the worthy memorialist understand by a "sincere religious faith," and what does he consider its evidences? True, Dr. Caldwell had never regularly joined any church, nor had he been in the habit of attendance at public worship or private prayer or class meetings. Neither had he been a teacher in Sunday Schools---nor did he insist upon or practice private family worship. These facts are not denied. But what was his course of conduct toward his fellow-men? The writer will answer the question. In his intercourse with them, Dr. Caldwell wore no disguise. He was open, frank and just. In friendship he was warm and true, and no man has had more reason to know and prove it to his own benefit than his *self-constituted memorialist*. If he was unfriendly to any one he never concealed it, and enacted the hypocrite in his demeanor, but was fair, open and generous even in his hostility. He never crawled about whispering or dealing in inuendoes, or gossiping, tattling and slandering---dressing

*What friends save such as have had their minds poisoned by the venom of the calumniator himself?

falsehood in the garb of truth nor perverting truth to subserve the purpose of falsehood. Had he ever done so, would the memorialist have deemed such course evidence of a "sincere religious faith?"

Dr. Caldwell's writings and publications throughout his life were alike for the establishment and promulgation of truth and the advancement of science, and for the promotion of the welfare and improvement of his fellow-men; to elevate them morally and physically if possible; to make them better members of the community; and to induce and enable them the more readily to fulfill the Divine commands, "to do unto others as they would be done by;---and to love their neighbors as themselves." Let his various publications be strictly scrutinized, and we challenge the production of an immoral or irreligious sentiment or passage, except so interpreted by wilful perversion.

The sentence immediately following that above quoted, the writer must brand as a *positive untruth*, and he is compelled to believe a *wilful* one. It reads thus; "It (a want of sincere religious faith,) was keenly felt by himself; no one, probably, knows how keenly. "I keep up a storm without, to silence the storm within" he has been heard to remark of himself." On this statement the writer affixes the brand of *positive falsehood*. Where, when, on what occasion, and to whom was the remark addressed? In the *sense and spirit given to it by Dr. Vandell*, Dr. Caldwell never gave utterance to it, and Dr. Y. must adduce much stronger evidence than his own mere "ipse dixit" before any one in the least acquainted with Dr. Caldwell's character, will attach the slightest credence to the story. To the writer of this, not alone his son, but of whom from boyhood he made his companion, confidant—sometimes a referee and adviser, and who now stands forth the vindicator of an honored and injured parent—he would have been much more likely to have expressed such a sentiment in the confidence and sanctity of private intercourse, than to any other living being; and never did anything in the slightest degree approaching it fall from his father's lips. He therefore once more reiterates the declaration of its *utter* and he believes *wilful* falsehood.

Only a sentence or two more follow this misrepresentation, and they fully unfold the miserable and despicable spirit in which the (so styled) Memoir has been concocted, so entirely characteristic of its authorship. They form a kind of corollary from the premises just before so carefully laid down, and amount to a kind of whining hypocritical lament that Doctor Caldwell did not become so distinguished as he might have been, had he evinced what Dr. Yandell calls a "sincere religious faith." As to this, the writer will only remark, that his father's name, character and reputation have been too long before the public, and especially the medical public of this country and of Europe, to be shaken by aught that the ingenuity of his *self-constituted* memorialist can discover or *invent* to depreciate them. The abortiveness of the attempt may be most fitly illustrated by a reference to one of the late Thomas Moore's brief poems inspired by the attack of Leigh Hunt on the character and reputation of Lord Byron, and entitled "*The living dog and the dead lion.*"

Let the reader refer to any complete edition of Moore's works, peruse the lines, and decide for himself on their appropriateness to the present case, especially the closing stanzas.

In terminating this paper, the writer will entrust to one who witnessed it, and whose able pen and piety of character can do it more ample justice than his own, the charge of giving a true account of the closing scene of his honored father's life, and if, when summoned to his last account, Dr. Yandell shall be prepared to face the King of Terrors, with the same unruffled calmness and resignation which marked the last hours of his, by him deeply wronged and calumniated benefactor; then will his own character and conduct have undergone a radical and entire change from the mottled and offensively repulsive aspect which they now present to every upright and honorable mind.

THOMAS L. CALDWELL.

P. S.—Since writing the above we have been informed, that not satisfied with publishing his Memoir in the Medical Journal which he edits and controls, and thence *having it at his own request* republished in the Louisville Daily Journal, that his venomous calumny might the more widely be circu-

lated, his late paper read at Lexington last month before the State Medical Association or Society—ostensibly on the Medical literature of Kentucky,—was, at least a considerable portion of it, a mere *re-hash* of the contents of the Memoir, dished up for the occasion—and produced in the minds of very many of the members present and auditors an impression anything but favorable to the author.

T. L. C.

The writer of this brief appendix has lived for more than seven years in daily, almost hourly converse with Dr. Caldwell; and has held with him many and satisfactory conversations on this subject. More particularly during the last year has this been the case; and she is therefore abundantly qualified to speak from personal knowledge of the whole tenor of his “daily conversation.” And in a spirit of truth and candor she is enabled to say that during that time at least, no sentiment except of the highest and purest morality ever escaped him in her hearing; nor did any act of his life contradict such sentiment. Perceiving that we who loved him most were anxious for some explicit expression of his feelings, he gave us a serious and solemn assurance that “he believed in the christian religion as firmly as any minister of the gospel could do, and recognized it as the means of salvation.” On his deathbed he repeated this assurance to one nearest to him in life, and even requested her to make the fact known. In accordance with her wish he desired to converse with a clerical friend, for whom he had a high personal regard, and with whose views he was fully acquainted, and felt assured that no material difference would be found in their opinions. Unfortunately before this meeting could take place the failing strength of our beloved friend rendered him unable to converse with any one.

Dr. Caldwell’s illness continued over five weeks, and from the third day of his seizure he felt assured, he could not recover. He had little pain, and no fever, to distract his attention, or cloud his intellect; and his mind was as clear and calm as it had ever been at any period of his life. And thus, without presumption, but in peaceful assurance he awaited the call.—His sun of life went down like that of the summer day which

drew to its close, even as his spirit departed—shorn indeed of the beams which made the splendor of its noon, but retaining its genial warmth and magnitude even to the last.

Even in the delirium that occasionally marked the last days of his decline, no word of doubt or distress for the future escaped him, no resentment toward those who had so deeply wounded and injured him; no unpleasant image was ever present to his mind. And thus without bodily suffering, or mental apprehension, he fell into a gentle slumber, and passed quietly from death into the life to come. And those who loved him best, and revered him most deeply are content to leave him with his God. It would have been well if his enemy had been like-minded.

Had he forgotten who has said "*Judge not that ye be not judged?*" Was there no "*beam*" obscuring his vision, while he thus peered for "*motes*" into the darkened eyes where death had just set his solemn seal? Can he be so self-deceived as to imagine that mere church-going passes current for piety; or that whining cant is any evidence of a "sincere christian faith?" We have a higher criterion, "By their fruits ye shall know them." And what manner of man is he who thus proclaims aloud his—"holier than thou"—and hastens to constitute himself accuser and judge of his departed brother?

We will do Dr. Yandell the justice to accept *his own estimate* of the character and motives of those who dared previously to insinuate this charge against his then friend and patron. In a letter to Dr. Caldwell respecting some of his publications, he says:

"I was always determined to give them, as far as I was able, what I conceived a full and impartial review, showing them to the world in their *proper light*—as works of genius and worth, and *not as falsely* represented by insidious critics—(*whose heads are enveloped in the mist of dullness, and whose hearts are a festering spot of darkness and corruption*)—possessed of the sentiment of infidelity!"

Whether the same charge preferred by himself, in his "Memoir," be the result of the "*dull head*," or "*the festering heart*," it is needless to inquire. Being at once so stupid and malicious, it is most probably the product of both.

The *private* expressions of opinion, admiration, and attachment, written to the living benefactor, followed by the sneering, insidious, *public* attack on his fame, so soon as the hand that could so well defend it, was powerless forever—are some of the ripe, and characteristic “fruits” by which this man cannot fail to be known. He seems smitten with the insane desire to fill up the measure of his treachery, and to stand forth “*the foremost to insult,*” as he had long been justly branded—*the first to betray.*”

It is not to be supposed that the asperser of the dead will spare to wound or injure the living; but impelled by the deepest and most grateful affection for my lost and venerated friend; and constrained by every feeling of honor and justice, to clear his memory from this calumny, I give this testimony in refutation of it to the public, knowing no fear, and dreading no consequences.

H. W. WARNER.

MYSTERIOUS CASES OF POISONING.

BY ROBERT PETER, M. D.,

Professor of Chemistry in the Kentucky School of Medicine.

MESSRS. EDITORS.—Almost all our writers on Toxicology give histories of poisoning with various alimentary articles, which have been taken in a state of *decomposition*, more or less apparent; which were *mouldy, spoiled, and rancid*, or derived from diseased animals. These writers have also given due value to the influence of what is called *Idiosyncrasy*, and the modifying action of diseased conditions of the body, in relation to food. But there appears also to be another class of cases of poisoning, of quite a mysterious character, which has not received so much attention from Toxicologists, viz: *Poisoning by alimentary matters which have not undergone any apparent alteration.*

To this subject, Orfila devotes a chapter in his *Traite' de Toxicologie*, in which he gives some very singular examples in poisoning following the use of potatoes, beef, gruel, pork, &c., which appeared to be perfectly wholesome and sound, and in which no known poison could be detected.

The most remarkable facts given by him in illustration of this kind of accident, are those observed at the *Cafe de Ro-*

tunde in Paris, some years ago; viz: that hundreds of persons who had eaten ices at that Cafe during the summer months were attacked with the symptoms of cholera morbus, some severely, some mildly. There accidents would occur on one day, while for several days following the ices were taken with impunity. Nothing similar occurred at the same time in three other Cafes of the Palais Royal. The accidents attracting the attention of the police,—Orfila and Barnwell, with good chemists, were appointed by the public minister to examine into the matter. They tested all the materials employed in the preparation of the ice, as well as the vessels in which they were made,—superintended their preparation and assured themselves, by the use of reagent, that the ices contained no appreciable venomous substance; and yet, a great number of persons who came in the evening to eat the ice, were seized with abdominal pains, vomiting, purging, cramps, &c.; so that the committee to whom M. Marjolin was subsequently added, were obliged to acknowledge that the solution of the problem was beyond their power.

In conversation with Dr. Joseph Smith of Danville, Ky., at the last October meeting of the State Med. Society, he mentioned some similar cases as occurring in his own family, and at my request he has written a short sketch of them, which I here append:—

Dr. PETER;—In compliance with your request and my own promise. I send you an account of the cases of poisoning to which I alluded when in Lexington.

In the early part of June, 1851, a custard was prepared at my sister's house in Danville, Ky. It was cooked in a brass kettle. Four of her own family ate of the custard, eight of my family, and four other persons who dined at my table,—making in all sixteen persons. Not one of the sixteen escaped being sick. Nearly all were very sick indeed. Five or six were considered dangerously ill for several days. One or two had the blood to settle around the nails as in collapse.

None were sick within twelve hours after eating the custard, and all the cases occurred within eighteen hours. The mildest cases were sick three days—the worst cases eight to ten days. Indeed some did not recover from the effects of the poison for some two or three weeks.

All had cholera morbus, and in most of the cases the vomiting was severe, straining and prostrating. And after twenty-four hours the griping and pain were considerable in all. The operations at first were feculent and loose, then thin and watery, and then mostly mucous.

As a fair sample of the cases, I will give you my own.—Some of them were more severe than mine, owing, I think, to constitutional difference.

After eating my dinner I was engaged during the afternoon in professional duties, and early at night was called to the country to attend an obstetrical case. The case being tardy I retired to bed at the usual hour. Between twelve and one o'clock at night, I was aroused from sleep by an urgent call for an action on my bowels, and whilst so engaged was attacked with vomiting. From this time until morning I had frequent and copious purging, and most distressing nausea and vomiting. Those who have had fresh bile in the stomach after vomiting may have some idea of the sensation I experienced in my stomach during that night, and the next day. And it was greatly increased by the erect position. The vomiting ceased, however, during that day, but the purging continued for some four days. Having four to six evacuations during the twenty-four hours, they became less copious as the case progressed, and more mucons in their character. I had some thirst—some febrile reaction, and a good deal of nervous wakeful dreaming,

In some of the cases the evacuations were more frequent, the vomiting more severe and long continued, and more febrile reaction was present. But in their general type they were all the same as mine. The expression of the countenances in all was distressed, contracted and haggard. When I returned home the next morning, my wife remarked that I had the appearance of one who had had a weeks severe illness. And sick as she was, she momentarily forgot herself in her alarm for me.

I think these cases present matters of considerable interest and importance. The first is—that all who ate the custard, less or more were sick. The second is, the time that elapsed before any were taken. And the third the medico-legal value of the cases. Had there been any reason to suspect the existence of a malignant feeling on the part of the cooks or others concerned the severity of the accident might have fastened on them a strong suspicion. As it was, the cook herself ate and was sick.

Again, my wife had purchased some cherries the same day the custard was eaten, and when I got well I learned that it was current through the town and country that we had eaten fresh cherries out of a newly painted bucket—and were thus affectee. But on investigation, I found that some five or six others had eaten freely of the cherries, and were not sick at all. One or two who were sick had not touched them. I did not eat a half dozen of the cherries. A negro boy of mine eat very freely of the cherries, but did not dine at home—and was not sick at all. Not one who ate the custard escaped.

Very Respectfully,

Danville, Ky., Oct. 26, 1853.

JOS. SMITH.

It will be seen that as the custard was cooked in a brass kettle, there is a *probability* that the accidents described may have resulted from poisoning with the oxide or salts of copper. This, however, is a very remote probability from the facts that symptoms of poisoning with copper are manifested in much less time than twelve hours, and that a quantity of of this metallic contamination which would produce such violent effects would have given to the custard a marked coppery taste and probably a greenish tinge of color.

Dr. Smith does not say anything of the condition of the brass kettle, but we presume that, according to usual custom, it had been well scoured before it was used, and that the custard was not allowed to stand in it cold. Conditions which would have prevented any notable metallic contamination.

Some very striking cases analogous to those above reported by Dr. Smith, occurred near Lexington, May, 1852, in a wealthy family.

After breakfast, consisting of coffee, biscuits, scrambled eggs, &c., &c., almost all who had partaken of it were attacked with nausea, vomiting, purging, &c., at intervals of time varying from *two to seven or eight hours*, after the ingestion of the food.

Eight persons, including three children, were thus attacked, and some were very violently affected; vomiting up shreds of mucus mixed with blood, as though they had taken some corrosive or very irritant substance. The irritation of the stomach and bowels remained for some days; but no permanent injury resulted.

A critical examination was made of the coffee, and of the alimentary matters thrown from the stomach of one of the children, but no poisonous substance could be detected; and the strictest investigation by the family and their friends failed to develope any cause for the severe disease which had been induced. In these cases it certainly was not copper; or any metallic taint which caused the accident; but whatever it may have been, whether an egg or milk in a peculiar condition, caused by incipient decomposition; or by some passing affection in the animals which produced them is yet a mystery.

If you think these cases worthy a place in your valuable journal, they are at your service.

ROBT. PETER.

SELECTED ARTICLES.

THE following we find in the Paris correspondence of the *National Democrat*:—

“HOSPITALS OF PARIS.—The Director General for Public Assistance in Paris, has just presented to the Council of Surveillance his account for 1852. The report is preceded by a remarkable *memoire*, in which M. Davenne passes in review the dispositions which have been taken in that which concerns the service *des infans trouves*, and of poor orphans. We shall return to this important part of his work, which merits an examination the more attentive, since the question *des infans trouves* is still far from being solved. We shall, however, limit ourselves to throwing a hasty glance over the report now before us, and giving to our readers, after the official figures collected and put in order by M. Davenne, the sum of Parisian misery, and the budget of public assistance.

It is not with impunity that one stops to turn over the leaves of such a book, the forty and some odd pages of statistics, the eloquence of whose figures seizes the heart and makes sad the soul.

Behold a city, the first in the world, the capital of intelligence, where a quarter part of the population go to die at the hospitals or the *hospice*. Within a year, upwards of 90,000 sick have been treated at these hospitals; 18,500 aged and insane gathered in the *hospices*; 17,000 to 18,000 *enfants trouves*, or orphans, maintained; and 78,000 indigent succored! We give an account here only of that misery which is in some sort of public, recorded in the grand book of assistance, and officially recognized by the administration. Sickness, the infirmities of age, vice and indigence, these are the four great divisions of the fatal book, which comprises a fifth of the population of Paris.

In 1852 there has been expended 13,345,629 francs in giving assistance to all these unfortunates. In this budget, the hospitals comprise the sum of 3,801,976 francs; in the *hospice* and houses of retreat, 3,780,249 francs; the exterior service for the *enfants trouves* and their nurses, 1,653,584 francs; the succor at private houses, 2,653,472 francs.

Though considerable as this budget appears, we are to remember that it is not entirely employed in the direct relief of the unfortunate. One is obliged to bring in the enormous personal expenses and of the general administration (1,587,319 francs), of buildings (502,403 francs), of diverse outlays for lodings, etc. (342,430 francs), of expenses for inspection and exploration (343,204 francs), that is to say, nearly two mil-

lion eight hundred thousand francs; so that more than a fifth part is found to be absorbed in these general charges.

It is not a reproach that we would address to the administration of public assistance in Paris; we know its devotion to the unfortunate and we make it our duty to render homage to its direction and the benevolence which illumines it. We know the multiplied exigencies of the service which comprehends within its radius, since the law of the 10th January, 1849, thirty-five distinct establishments. We know as to Paris, and it is not otherwise in the departments, that the general revenues of the *hospice* of France amounts to more than fifty-four millions, and that ten millions are absorbed in administration. But though justly—for the fact which we signalize results from a general abuse and an administrative vice inherent in the institution itself—we believe it necessary to call the attention of the Minister of the Interior to one situation evidently abnormal. Administration costs dear in France. The country is without doubt rich enough to pay this—*bureaucratie*. But the poor! ought they not, above all, to have right to manage their own?

The population *des hospitaux* of Paris divided among nine general hospitals: the *Hôtel-Dieu*, *Saint Marguerite*, the *Pitié*, the *Charité*, *Saint Antonie*, *Necker*, *Cochin*, *Beaujon*, and *Bon Secours*; six special hospitals: *Saint Louis*, *Midi*, *Lourcine*, *Enfants Malades*, *Accouchement*, and *Clinique*; and lastly, *la Maison de Saut*, du fauborg Saint Denis. These last six establishments contained on the 1st of January, 1852, 5,641 sick; and there entered during the year 34,845, making 90,486 treated during the twelve months. The number who went out for reason of being cured or other causes was 77,776; the number of deaths was 7,201; so that there remained on the last day of the year 5,509. The mean number of beds occupied during the year was 5,753.

The total number of sick-days of the inmates was 2,072,670. The mean time of sojourn in these hospitals is 24,39; the expense of treatment of each 43fr. 75c.; and the annual expense of each bed 654fr. 69c. The cost per day did not reach 1f. 80c.

The time of the employed forms a total of 582,630 days, that is to say, two employers for seven sick.

Five *hospices*: *Virillesse*, men and women, *Incurables*, men and women, and *Enfants Trouvés*; three houses of retreat: *Menages*, *la Rouchefoucault*, *Saint Perine*; four foundations: *Boulard*, *Brezin*, *Dévilas*, *Lambrechts*: in all twelve establishments, containing on the 1st January, 1852, 9,210 insane or aged. There entered during the year 9,290; 7,765 went out for various causes; 1,538 died; and there remained on the 31st Dec., 9,197.

The total number of days of administration to the insane,

old, and infants, was 3,491,748. The days of the *employees* were 416,029; that is to say, two *employees* to seventeen subjects.

The annual expenses of each bed was 411f. 98c.; the average number of beds occupied 9,556, and the price per day 1f 13 nearly.

The mortality in the general hospitals was as 1 to 10:27; in the special hospitals as 1 to 19:44, and as 1 to 6:92 in the *Maison de Sante*. This is as 1 to 11:80 in all the establishments united.

Among the insane of the 3,662 the mortality was as 1 to 4:61; in the *hospices* and houses of retreat as 1 to 6:55, and in the founded *hospices* as 1 to 5:77; in all, as 1 to 5:93.

It is not without interest to search for the mean number of days those live admitted to these various establishments. M. Davenne has calculated that during the period of five years, from forty-four to forty-eight, the average life was five years, five months and sixteen days.

The number of *enfants trouves* and orphans received in 1852 was 3,033. Of these 271 are supposed to be legitimate; 2,762 natural; 527 came from the *Maison d' Accouchment*; 280 from the *hopitale* of Paris; 2,154 were born in Paris; 244 out of it, and 98 were deposited without any cognizant mark. On the first of January there were being entertained 13,787; the number received during the year raised the sum to 17,880, and after deducting the number who left or died, there remained 13,829.

Finally, the indigent population inscribed at the *Bureaux de Bienfaisance* comprises a total of 77,999 individuals, divided in 33,741 families; 46,766 adults."

Deaths from the Inhalation of Chloroform.

The London *Lancet* of October 29, contains the report of two cases of death from the use of chloroform—one at the University College Hospital, October 6th, and the other at St. Bartholomew's Hospital, October 21st. The latter we copy in full, with the post mortem examination, as every particular in a case of this kind is full of interest. We also insert the series of rules, by a distinguished surgeon of Paris, which are appended in the *Lancet* to the report.

The patient was a girl of loose habits, 22 years of age, who had been in this hospital two years before the present admission. She was then laboring under an affection which was long looked upon as syphilitic; there was, in fact, considerable discharge from the vulva, and within the vagina was seen

an ulcer which was thought to be of a specific nature; but it turned out to be a canceroid growth, situated just at the entrance of the vagina. It had, on former occasions, been observed that no secondary symptoms were occurring, though the sore presented a certain amount of induration; there was no pain, but the discharge was pretty considerable, and harassed the patient much.

Mr. Paget, having resolved to destroy the tumor, gave the preference to the actual cautery, and hoped that by this means he should succeed in freeing the patient from the inconvenience she was suffering. A fortnight before the day when the inhalation of chloroform had a fatal issue, the ulcerated surface was touched for the first time, when the patient had also inhaled chloroform. She had been thrown into an incomplete state of anæstheism, for she started when the heated iron came in contact with the sore; she was therefore made to inhale more chloroform, and fell into perfect narcotism, from which she subsequently recovered very well.

On the 21st of October, 1853, it was thought advisable to repeat the operation, and the girl was brought into the operating theatre. Dr. Black, warden to the College, who administers chloroform by appointment, placed upon the patient's mouth the ordinary tin and leather inhaler, which covers nose and mouth, and which is always used in this Hospital. When she had been placed on the table, Dr. Black applied the apparatus, and she continued to inhale the anæsthetic agent very quietly for about ten minutes before it took any effect upon her. All at once the patient was noticed to present an unusually dusky countenance, the pulse became weak and fluttering, and the breathing irregular. Mr. Paget has not as yet begun to operate, and the whole attention was now turned to the state of the girl, and every effort used to recall her to life. Artificial respiration was first employed in the manner advised by Ricord, the air being thrown into the lungs from mouth to mouth. As this, however, did not succeed, an opening was made between the thyroid and cricoid cartilage, and artificial respiration continued by means of a tube passed into the aperture, to which a pair of bellows was adapted. In order to rouse the system, brandy and water was thrown up the rectum. Whilst these measures were energetically carried out, a warm bath was being prepared, and the patient was placed into it as soon as it was ready, artificial respiration being persevered in while she was immersed. During the continuance of these efforts, Dr. Burrows and Dr. Black detected now and then a pulsation at the wrist; but all these endeavors proving useless, galvanism was had recourse to. The shocks produced very strong spasms, but no efforts at breathing, and it was plain that the only mea-

sure which could be relied upon was artificial respiration. This was continued with the greatest perseverance, but to no avail, and it soon became apparent that all the efforts at reviving the poor girl were perfectly useless. The whole amount of chloroform which had been inhaled was below two drachms, and, as stated above, the apparatus was the usual one, viz: the leather and tin case for nose and mouth, with the upper aperture and sponge for pouring in the chloroform.

Post Mortem examination made twenty-four hours after death, conducted by Mr. Paget.---There was general congestion of the brain, but not very marked, the only veins much congested being those at the posterior part, the blood being in a very liquid state. The puncta were not larger than usual, and the blood, which had been placed in a jar, did not coagulate. The ventricles contained an ordinary amount of fluid; and the pons Varolii presented normal features on a section being made through it. The only peculiarity worth noticing, (and the same had been observed in the patient who died from the effects of chloroform some time ago, under the surgical care of Mr. Lloyd) is that the blood was found liquid in the veins, and remained so after it had been put aside. The kidneys were somewhat congested; the left one was found scarred from previous disease, when the proper tunic was drawn off, and it was supposed that this might be the result of disease in early life. The peritoneum was thickened on the surface of the liver, and the left kidney was full of fluid blood. The spleen was adherent to the diaphragm from previous general peritonitis. The stomach was full of undigested food, and still the patient had stated that she had had no dinner; it is supposed that she took bread from her locker, and had potatoes given her by her fellow patients. On the mucous membrane of the stomach some coagulated milk was adherent, but the viscus itself was quite healthy, as was also the pancreas, of which there was a small offset attached to the serous surface of the jejunum. The heart was altogether flabby, but decidedly *not fatty*; the right ventricle was of the ordinary size, and slightly mottled at the upper part, the muscular tissue being rather of a thin texture, and generally pale. The lining membrane of the ventricle was rather thickened, and the paleness of the heart formed rather a contrast with the florid tint of the voluntary muscles, but the viscus did not present the characters of fatty degeneration.

Now what do we learn by these accidental deaths, and the account of the post-mortem examinations? 1st, that the fatal effects may ensue in a very short or comparatively long time (three minutes in one case, and ten in the other); 2d, that a fatty heart will cause death to occur in a much shorter time than is necessary when this organ is sound; 3d, that a perfectly healthy heart is no preservative from the fatal effects of

chloroform; 4th, that a previous complete anaesthesia by chloroform is no guarantee that a subsequent one will be harmless; 5th, that even the artificial respiration from mouth to mouth, which has been much extolled, may fail at a certain advanced period of anaesthesia; 6th, that patients may fall victims to chloroform though in an excellent state of general health; 7th, that habitual intemperance seems a counter-indication to the use of chloroform; 8th, and lastly, that accidents of the kind described above will happen with the best and most practiced hands.

The next question is---Whether we can offer any suggestion as to the means of avoiding the sad results which we have just mentioned? On this point we gladly refer our readers to the excellent papers which from time to time have been published on the subject, and shall just extract from M. Bauden's memoir such advice as may be considered of value under the present circumstances:

1. Never go, intentionally, beyond the limit of cutaneous insensibility.

2. The management of chloroform may be divided into three stages---before, during, and after the inhalations.

3. *Before: Counter-indications.*---Study the patient's constitution; find out whether there exists organic lesions of the heart or lungs; these would be a counter-indication, as are also asthma, aneurism, phthisis, chlorosis, anaemia, chorea, &c., and predisposition to cerebral congestion.

4. The patient's mind should be perfectly calm, and the medical attendant should speak of chloroform as a boon, when carefully administered.

- 5th. The patient should be wishing for anaesthesia, and have full confidence in his medical adviser. If he should feel any apprehension or gloomy forebodings, chloroform should be steadfastly refused.

6. Patients have in all times died from the fear or pain of operations; but the influence of *fear* is now no longer taken into account, and chloroform accused of all the mischief.

7. Chloroform must never be given but for operations of a certain importance, and patients should be fasting.

8. Attention should be paid to the debility which naturally follows serious operation and considerable loss of blood, for the organism thus loses its power of resisting the influence of anaesthetic agents.

9. The operating room should be of good dimensions, easy of ventilation, and every article necessary in case of danger should be at hand.

10. *During the Inhalation.*---Chloroform should be administered in hospitals by persons specially appointed for the purpose; and in town by practitioners who make it their exclusive occupation.

11. The quantity of chloroform should be carefully measured, about fifteen minims being taken at once.

12. The length of time during which the patient is inhaling should be counted upon the watch, as also the pulse and the number of respirations. Note should be taken of the force and frequency of the pulsations of the heart; if the latter fall *below sixty*, the inhalation should be stopped.

13. The patient should be in the recumbent position, the head slightly raised by a pillow; and should be given doses of fifteen minims, the time being made gradually shorter.

14. The handkerchief should be first held at a little distance, and gradually brought nearer the face, the patient being spoken to in a kind and encouraging manner.

15. The latter should be frequently asked, whilst he is being pinched, what is done to him; and when he begins to answer with ill-humor, you pinch him, he is on the point of losing the faculty of sensation.

16. As soon as he answers no more, feeling is abolished; the handkerchief should be taken away, and the operation begun, for we should never wait until muscular resolution is complete.

17. Excitement, which often marks the first degree, is a mark that the handkerchief should be removed, far from being kept on as is generally practised.

18. The time has now come to watch the heart and the respiration, On the slightest retardation, and if the symptoms of anaesthesia go on or are even increased, means should be immediately taken to bring back the insensibility to the first degree.

19. When the spasms of the larynx or much cough occur, if foam come to the mouth, if the pulse falls, if breathing becomes embarrassed, if there appears any mark of syncope or cerebral congestion, the inhalations should at once cease.

20. Slight struggling may be resisted. but violent excitement, and the exclamation of "I am choking," should be followed by the immediate removal of the handkerchief.

21. For long operations the inhalations should be intermitted, and the chloroform may be resumed as soon as the patient begins to sigh or move about. Anaesthesia has in this manner been kept up for one hour.

As to the means to be used in case of threatened death, M. Baudens enumerates most of those which were used in the two cases which we have adduced above.

Question Relative to an Obstetric Fee.

The question embodied in the subjoined communication from Dr. W. W. Twitty, of Carolina Female College, N. C., has been submitted to us for adjudication:

"A professional incident—the nature of which may be gathered below—a few days since, gave origin to the following question, which, it was ultimately agreed, should be referred to the Editors of the Charleston Medical Journal and Review, as suitable umpires, whose decision is to be final;

"A physician is called as accoucher to a negro quarter. He examines his patient and finds the os uteri dilated to the size of a ten cent piece, and the head presenting. He remains with and watches his patient during two, three or four hours, and predicts for her a tedious, but safe labor. He is quite drowsy, bed-time is at hand, and having attended to the state of the bladder and rectum, and given all needful directions to the nurses, with an imperative order that so soon as there should be any marked increase in the severity of the pains he was to be apprized of it; he leaves the negro quarter for the overseer's house, distant three or four hundred paces, and is soon in the refreshing---doubly so to the wearied Doctor---embraces of Somnus. He receives the expected summons, and hastens to respond, but on his arrival at the cabin, he finds that both the child and after birth have been delivered. Is his fee affected? If so to what extent? If the physician, in your opinion, be entitled to the regular fee in the above case, you will confer a favor by pointing out such acts of neglect of duty as, in your judgment, deprive him of his fee and expose him to censure."

If precedent, or long-continued usage, be of any value in settling a disputed point, surely the one under consideration is decided in the affirmative. It is the first time that we have ever heard the question raised under similar circumstances. The following is the course which we have ordinarily pursued in the conditions mentioned, and it may be considered as a criterion of the conduct of the majority, if not all, of the physicians of this city: When called to a parturient female, we make an examination (per vaginam,) and if we find a natural presentation, the pains short, not strong, and recurring at long intervals, say every quarter of an hour, or half an hour, the os uteri not largely dilated, especially if she be a prima-para, or have previously had long and tedious labors, we leave the patient in the care of the nurse, or other attendant, and visit other patients, returning, however, every hour or two, or at such intervals as we deem necessary to watch the progress of the case. At bed-time, should there not be the prospect of a speedy termination, we go home enjoining upon the attendants the necessity of sending for us as

soon as the pains become long and grinding, etc. In this manner it is by no means uncommon for one and two days and nights to be passed. We would here inquire of any reasonable person, if it can be expected that the physician, who has numerous and pressing engagements, should remain at the bed-side of the patient, under the above circumstances, especially during the day, to the neglect of his other cases? We have failed but in a single instance, by the course indicated, in being present to superintend delivery. In no case has payment of the fee been demurred to on the ground that we were not at the bed-side during the whole duration of labor, or that we were not there precisely at the time of delivery. In the case to which reference is had, the physician discharged his duty faithfully and thoroughly, and was justifiable in taking sleep; for it may indeed be said that labour has not begun, if the os uteri is not dilated to a size larger than that of a ten cent piece, it being frequently of that size for a month before the termination of pregnancy. Besides, every midwife, however otherwise ignorant she may be, must be acquainted with the signs which denote the speedy termination of labour. The fault was, therefore, justly chargeable to her; for the time occupied in sending for the physician, a distance of three hundred paces, and his arrival at the cabin, would not have exceeded fifteen or twenty minutes.

But there is another view of the subject which confirms the point established by usage or precedent. The office of the physician, in the great majority of cases, is expectant, a true sinecure. His presence is required in order to meet an emergency, such as convulsions, hemorrhage, retained placenta, etc., or to rectify a mal-presentation, etc, before labor shall have made such progress as to render the performance impossible. We have known instances in which the attendance of the physician has been required simply in the above view, the case being conducted, through false notions of delicacy, by a female midwife.

Again, where the symptoms were not urgent, we have been frequently told that our attendance would be dispensed with and that we might retire, holding ourselves in readiness to instantly obey the summons to return. These facts prove that the physician's services are required for that particular purpose.

The physician is liable to censure, and should forfeit his fee in the case of his absenting himself too long at a time, and thereby being unable to watch the advances of the parturient process, and when he cannot be found if sent for. But, even under these circumstance, when the physician arrived too late to assist in the delivery, and the fault was ascribable to him, no objection, so far as we know, has been made to payment of the fee, although we have known dissatisfaction to be ex-

pressed thereat, and the loss of the practice of the family the result.

While on this, we shall make a remark on a kindred topic. A person is liable for the full fee who engages a physician to attend a case of labour, and either neglects to send for him, or employs another physician; because the one engaged is kept in a state of anxiety and expectation; as the time approaches there is frequent interference with his ordinary practice by reason of his being compelled to return to his residence frequently during the day in order to receive the call, if it has been made; and, lastly, it prevents him from seeking those sources of relaxation and amusement which are essential to the recuperation of his mental and corporal powers.

THE EPIDEMIC.—Total number of deaths by yellow fever and other diseases, from May 26th, till November 1st, 1853:—

<i>Week ending.</i>	<i>Total.</i>	<i>Yellow Fever.</i>	<i>Oth. Dis.</i>	<i>Not stated.</i>
May 26 to 31....	110	3	97	10
June.....	666	40	581	45
July	2077	1406	559	112
August 26.....	5460	4574	582	304
Total....	8313	6023	1819	471
August 27....	187	155	25	7
28....	169	131	26	12
29....	143	120	15	8
30....	139	114	14	11
32....	137	95	27	15
Septmbr 1....	119	96	16	7
2....	133	103	23	7
3....	116	87	20	9
4....	110	90	15	5
5....	98	71	26	1
6....	95	65	25	5
7....	70	48	17	5
8....	—	—	—	—
9....	64	43	17	4
10....	80	56	19	5
11....	68	43	20	5
12....	55	33	15	7
13....	47	26	19	2

<i>Week endtng,</i>	<i>Total.</i>	<i>Yellow Fever.</i>	<i>Oth. Dis,</i>	<i>Not staid.</i>
14....	45	32	10	3
15....	52	32	19	1
16....	51	31	19	1
17....	47	24	21	2
18....	46	28	16	3
19....	34	21	11	2
20....	49	27	14	8
21....	38	16	18	4
22....	34	16	14	4
23....	28	9	12	7
24....	34	10	22	2
25....	35	15	19	1
26....	42	15	23	4
28....				
27....	33	12	19	2
29....	26	13	10	3
30....	31	8	19	4
October 1....	26	7	15	4
2....	33	11	17	5
3....	19	8	11	
4....	23	4	14	5
5....	29	10	15	4
6....	29	11	17	1
7....	19	4	12	3
8....	32	10	16	6
9....	30	4	21	5
10....	24	5	10	1
11....	13	5	8	
12....	19	8	8	3
13....	17	2	14	1
14....	27	9	17	1
15....	15	5	8	2
16....	19	4	12	3
17....	23	4	19	
18....	22	5	17	
19....	26	9	15	2
20....	14	2	10	2
21....	27	10	14	3
22....	17	2	12	3
Total.....	11,252	7,847	2,714	691

RECEIPTS.—Dr. Tingle, \$2,00; Dr. Tompkins, \$1,00; Dr. Young, \$3,50; Dr. Smith, \$1,00; Dr. Sykes, \$1,00; Dr. Fishback, \$1,00; Dr. Taliaferro, \$2,00.

EDITORIAL.

PERSONAL.---We publish in our present number an article in relation to the late Dr. Charles Caldwell. This article, the body of which is written by the son, and the appendix by the sister-in-law of that distinguished man, as the reader will perceive, is a reply to a "Memoir" of Dr. Caldwell, by Prof. Yandell, which recently appeared in the Western Journal of Medicine and Surgery. The writers of this paper wish it to meet, as extensively as possible the same eyes which saw the original memoir.

Its publication, therefore, is requested in the Recorder in order that the editors of the various medical periodicals throughout the country, and the physicians of the great valley of the Mississippi, among whom principally both these Journals circulate, may have an opportunity of seeing both sides of the question.

The editors deem it proper to say, first, that this is THE ground on which it is admitted into the Recorder---and secondly, *that, therefore, they do not, by its publication, mean in any way or to any extent whatsoever, to endorse it.* It is signed by its author, who alone are responsible to public opinion for its contents.

NEW BOOKS.

The Practice of Surgery by James Miller, F. R. S. E., F. R. C. S. E., &c., &c.

Third American from the Second Edinburgh Edition, Edited with Additions by F. W. Sargent, M. D., one of the Surgeons to Wells Hospital, 1 vol., oct. pp. 720; 319 wood engravings. Philadelphia. Blanchard & Sea.

We are glad to receive from the Publishers a copy of this work. We say glad, because it is a book which is really worth having—one of those "books which are books," and not merely an aggregation of paper, ink and sheepskin, as is too often the case. It is seldom that two volumes have ever made so profound an impression in so short a time as the "Principles" and the "Practice" of Surgery of Mr. Miller—or so richly merited the reputation they have acquired. The

author is an eminently sensible, practical, and well-informed man who knows exactly what he is talking about, and exactly how to talk it.

Of a like solid and valuable character is the *fourth* edition of "A Practical Treatise on the Diseases of Children," by D. Francis Condie, (it is none of our business, but we wish he would write his name D. F. Condie,) M. D., &c.,---a work too well known to the profession to need any commendatory notice from us. It is just such a work as may always be consulted with an expectation of advantage, very apt to be realized.

Both these volumes are gotten up in the good style which so generally characterizes the publications of Blanchard & Lea---and the former, Miller's "Practice" has the usual amount of matter of the usual quality in form of additions by the American Editor.

WOLFE'S AROMATIC SCHIEDAM SCHNAPPS.

We speak by the card, when we add our testimony to the host of others, who admit the superiority of Mr. WOLFE'S AROMATIC SCHIEDAM SCHNAPPS, over all other kinds of gin. From time immemorial, medical men have regarded gin, as one of the best of diuretics; and the disuse it has fallen into of late years, must be attributed rather to the inferiority of the article in the market, than to the fickleness of physicians in substituting some other remedy for it. We know there are many physicians who prescribe alcohol as a remedial agent, in every disease and under all circumstances. It is not our intention, however, to discuss this question now, but simply to confess our predilection for stimulants in very many diseases, and are certain that we have saved many lives by their administration, which would otherwise have been lost. Mr. Wolfe, we consider, has supplied a desideratum which has been long felt by the profession, (and we might, also, say by the public) in importing an article of gin superior to any other we have ever tasted; and we have no hesitation in so recommending it. In several cases, which have come under our charge, requiring diuretics we have

prescribed it with the best success. We keep a bottle of it constantly on hand for our own use, not that we have any disease actually requiring its exhibition, *but we find it to be a most agreeable remedy, especially if mixed with a little sugar and water.*

B. J. R.

Practical observations on Aural Surgery, and the nature and treatment of diseases of the Ear, with illustrations, by WILLIAM R. WILDE, fellow of the Royal College of Surgeons in Ireland, &c., &c.

The diseases of which this book treats, have been more neglected than any others for which the physician is called upon to prescribe; and yet there is not in the human body a single organ, the eye only excepted, where diseases and imperfections entail more inconvenience. The diagnosis of aural diseases is usually so difficult, and their cure or alleviation so uncertain, as to deter practitioners from undertaking their treatment, and hence the unfortunate subjects of them often have no other resource, than to seek the aid of the itinerant mountebanks, or the advertising empirics, into whose hands the business of treating such cases has been suffered to fall. It is unquestionably true that many of the cases of deafness, on account of which the advice of the surgeon or physician is sought are irremediable, but it is equally true that surgeons and physicians, too frequently conclude hastily, and pass premature judgments, against the curability of cases in which it is their duty to institute treatment, and afford the sufferer the chance of that relief which can be afforded, more safely and certainly by the process of rational and enlightened medication, than by any of the *manipulations* or infallible nostrums of the ordinary class of professed aurists. The habit so prevalent in the profession of avoiding the trouble and responsibility of incurable cases, by turning them over to illiterate specialists, or by pronouncing them hopeless and unworthy of trial is culpable and inhuman, inconsistent with the conscientious discharge of professional duty, and at issue with the interest and the dignity of the healing art. The honest physician should never dismiss any case without trial, and even after he has failed to afford relief, and become con-

vinced that cure or alleviation are impracticable, it is still his duty to avoid as far as he can such discouragement as will consign his patient to the hands of the dishonest quack, who for the sake of a fee will institute mischievous treatment, and thus render his condition still worse. There is a broad difference between the reckless and unqualified promises of relief made for the sake of a fee by the designing and unprincipled charlatan who uses agents, of whose power he is entirely ignorant, and the agreement on the part of the enlightened practitioner to test the efficacy of known agents, or approved modes. The latter is a duty from which no conscientious man can shrink, the former an act of impudence for which no punishment would be excessive. The enlightened physician should hold himself ready to afford all who may consult him the benefits of his art, and as these benefits are sometimes obtained in cases which seem to be hopeless the trial should be made in all instances, unless there is satisfactory evidence that it has been previously made by a competent hand. We would not be understood as advocating the repetition of the experiment, by all the medical men who are likely to be successively consulted, for it is the duty of all practitioners to extend a respectful consideration to the sufficiency of trials made by respectable brothers, and if it appears that a fair and thorough trial has been made, honesty requires that the patient be at once advised that a subsequent trial would be but a repetition of the previous one, and not at all more likely to result favorably. But even in these instances, it is often better to repeat a harmless course of treatment, then to consign the patient to the charge of the reckless quack. At all events there can be no excuse for the too prevalent habit of turning over to incompetent specialists the management of a class of diseases, so numerous and important as those which constitute the subject of the above treatise; and we sincerely trust that this book will be read and studied, by every member of the profession throughout the Union; as it affords a clear demonstration of the practicability of relieving a large proportion of the cases of deafness, by rational and scientific treatment.

Did the limits of our journal permit, it would afford us great pleasure to present our readers a full analysis of the contents of this valuable work, but as our limited space would not admit of an extended notice, we must rest satisfied with recommending it as eminently worthy the attention of the profession.

KENTUCKY MEDICAL RECORDER.

VOL. III. LOUISVILLE, KY., FEBRUARY, 1854. NO. 6

DR. SUTTON ON TYPHOID FEVER.

Report to the American Medical Association, on the Epidemics of Tennessee and Kentucky. By W. L. Sutton, M. D., of Ky.

This report, like all others made upon the subject to the National and the various State Medical Associations, which have fallen under our observation, has been prepared under the influence of the hypothesis that epidemics have some immediate and necessary dependence upon the geological and meteorological peculiarities of the localities of their prevalence. And hence is in some measure a report on the topography, geology and meteorology of the districts of country to which it makes reference. However interesting and valuable such information may be, "per se," we are satisfied that our knowledge of the etiology, pathology, prevention and cure of epidemics, will be much more certainly enhanced by the proper study of the epidemics themselves. It is clearly beginning at the wrong end of the path of investigation to study the aforesaid modifying influences before the *modifications* have been discovered. It is by no means ascertained and established that the so-called epidemics of Kentucky and Tennessee, for instance, offer any peculiarities whatever. They may not differ in any important or material particular from the same diseases as they prevail in localities where climate, and geological and meteorological peculiarities have been thoroughly examined; and if this should be found to be the fact, much of the detail of these reports will prove utterly useless. What we need to facilitate the study of epidemiology is a faithful and accurate notation and classification of

the phenomena which attend the access, progress and termination of the individual cases of the different epidemics as they occur in different districts, that we may first learn whether climate, geological formation, or meteorological changes exercise any important modifying influence over them. These peculiarities or modifications once detected, and fully identified, we may proceed with much propriety and some prospect of success to trace them to their appropriate causes. It is irrational if not absurd to undertake to discover the cause of an unascertained effect. It has been so long taken for granted that the prevailing diseases of zones or belts of country offer modifications peculiar to each, that the investigations of etiologists have had reference almost exclusively to the climate, geology and meteorology of the sites of epidemic and endemic diseases, under the impression that their causes had some immediate dependence upon, or connection with these local conditions. That there are influences which exercise some control over the origin and progress of all diseases cannot be questioned, but that the essential causes of epidemics are connected with or dependent on these influences, is by no means established. It does not follow as a necessary consequence that because a given epidemic may prevail oftener and more violently in one latitude than another, that therefore its essential cause has connection with the local character or other physical peculiarities. The fact of such prevalence can only be admitted to prove the existence of conditions which favor the operation of the cause, since the occurrence of the same epidemic in other different localities, proves that the cause is not dependent for its origin on those local peculiarities. This view would be strengthened by the fact, should such appear to be the fact, that the diseases are precisely similar in different situations in which they may have been observed. But little has ever been accomplished to advance the science of medicine by the study of disease in reference to foregone conclusions, whilst by such a course much has been done to retard its progress. Any investigation carried on under the influence of a preconceived theory will almost certainly result in such an exhibit of facts as will tend to establish the correctness of the preconception, and it cannot be doubted that the opinion which has found

favor in certain quarters, that the diseases of the different sections of the United States offer such wide and essential differences as to render it necessary to modify the treatment to suit the locality, has done mischief by keeping the minds of medical inquirers engaged rather in the observation of these assumed local influences than with the study of the characteristic phenomena of the sciences themselves. The objects which the Association must be presumed to have in view in appointing a Committee on Epidemics for so many different sections of our widely extended territory, was to ascertain the character of the diseases most prevalent in these different sections, that it might be determined whether sectional influences are such as to create new forms of disease, or simply to modify the types of such as are common to all parts of the Union; and more especially was it designed to obtain the data for determining the extent to which the diseases properly called epidemics are modified by these sectional peculiarities. Now if these were the objects of the association, it was no necessary part of the duty of the Committees on Epidemics to consider the local peculiarities of climate and geology.— These are matters that must claim attention after it has been ascertained that there are peculiar effects for which causes are to be found. The especial and important end to be first attained, and for the attainment of which we presume these committees to have been raised, was the settlement of the questions whether the epidemics of certain different and specified regions of our Union are intrinsically different, or essentially the same, but modified by local influences, or whether they are not in all the different localities in which they show themselves identical, in type and phenomena, and influenced alike by given modes of treatment. Now, if the preliminary investigation which should have reference to the history of the diseases themselves as they are individualized by their peculiar manifestations, should prove themselves to be precisely identical in all essential respects, in all the different situations in which they occur, a vast amount of useless labor will be saved, inasmuch as such a result would render it unnecessary, in our efforts to make out their etiology, to burthen the difficult problem with irrelevant climatic, geological and meteorological details touching numberless different situa-

tions, since a thorough observation of the physical and cosmical phenomena of a single locality would furnish the necessary data for its solution so far as they are to be drawn from these sources. If these committees will in future place themselves in communication with intelligent and reliable observers in the different parts of their respective fields of labor, and give us good reports on the diseases themselves, such as can only be based on observations made at the bedside and noted at the time, they will accomplish more good in one year than they achieve in a dozen by the course which has heretofore been pursued. We are aware that the difficulty in obtaining the co-operation of a sufficient number of the right kind of men renders it a task of no ordinary magnitude to collect the material for such a report, but it is worse than useless to attempt to cut the Gordian knot by beginning at the wrong end of the enquiry. Let us have no reports at all, or else have them confined to their proper and legitimate objects.

Another objection to many of the reports on Epidemics is the want of a definite understanding as to what meaning is to be attached to the term. If we refer to its Greek origin and seek there its literal import, we must recognize as *epidemic* all diseases which spread or extend themselves through entire communities to such a degree as to warrant the inference that all the members of such communities are more or less exposed to the operation of the cause or causes by which they are produced. By this rule of interpretation we must regard as epidemic only such diseases as result from causes which operate equally upon all the inhabitants of given regions of country, and from the operation of which there is no escape except by removal from the infected districts. Acute inflammatory affections, as Pleurisy, Pneumonia, and Rheumatism, are never epidemic, as they depend upon causes whose operation is accidental, or at least avoidable without removing from the places of their occurrence. They may prevail extensively at certain seasons, but the individual attacks can usually be traced to some sort of imprudence in reference to exposure to vicissitudes of weather. A large list of diseases, however, occur under circumstances to justify the inference that they are produced either by a poison of some sort

present in the atmosphere which we breathe, or the water which we drink, or the food which we eat, or by some unusual disturbance in the relative proportions or modes of combination of the constituent elements of these necessary ingesta, or else by the occurrence of unusual modifications of the great physical agents, Heat, Light and Electricity. Of this character are Cholera, Influenza, Small-pox, Measles, Scarletina, Typhus, Typhoid, Intermittent, Remittent and Yellow Fevers, and perhaps Dysentery and Erysipelas. Others might be added to this list, but these are the most important of the class to be met with in this country.

[TO BE CONTINUED.]

SMALLPOX AN ATTENDANT ON UTERO GESTATION,

By NAPOLEON B. ANDERSON, *Louisville, Ky.*

On the 25th of April last, I was called to see Mrs. M.—aged thirty-six years, the mother of eight children, the issue of six pregnancies—two miscarriages, two single natural labors and twins twice. On vaginal examination, it was ascertained that the vertex, two feet and a hand, presented at the superior strait. After careful and repeated examinations, the case was supposed to be one requiring version by the feet, to accomplish which, the membrane waters ruptured, and the hand carried gently into the uterus. It was found that twins, head and feet presentation, occupied the strait. After a reduction of the preventing head beyond the superior strait, the feet of the remaining child were brought down and delivery soon accomplished, which was quickly followed by the second child. I encountered some difficulty in the delivery of the first, from the fact of putrefaction having occurred sometime previous, rendering a firm hold impossible, as the skin became detached at each successive traction made upon the child. The delivery of the second was easily accomplished. It was living, though very feeble, and the subject of discrete small-pox.—The pustules were large and well filled, and the greater portion of them pitted. The disease ran its natural course, and the second day after desquamation, the child died.

The question has often been propounded to me for a solution, and in every instance received an evasive answer, from the fact of possessing no positive proof, as to whether *variola* could be contracted by the foetus in utero, the parents having been vaccinated, and never contracting any of the exanthematic fevers, the mother having never to her knowledge exposed her person to any case of small pox whilst pregnant.

This may seem a question of little moment in a practical point of view, but pathologically it appears of some importance and interest to the physician whose success and reputation through life, are dependant to some extent upon a thorough knowledge of the pathology of disease.

Desirous of all the information possible on this subject, I cannot let the present case go unnoticed, without the privilege of a few interrogatives to the elder portion of the profession, both relative to occurrence and phenomena.

Being of the opinion then, that small pox can be propagated in utero (without the agency of the causes externally producing and exciting the disease, together with the exemption of the agency of the parents acting as a medium of conveyance,) I maintain my position so far as a *single case* would establish or substantiate any *single fact*. Could not the contagious properties of the disease originate from the decomposition of the dead foetus, and contact, act as exciting causes?

If the position taken be erroneous, what agency excited the disease, isolated as the foetus was, from all external influences, and the disease possessing no medium of conveyance save that of the mother, whose exemption from all exciting and predisposing causes was positive? Moreover, admitting the mother as the medium of conveyance, did vaccination protect her, whilst the disease developed itself in the infant? And if the child contracted the disease from the mother, why, or from what causes, did the dead foetus become exempt?

The membranes of the placenta of the living foetus, had scattered over their surfaces, sores similar to those produced from the rupture of pustules in small pox, whilst those of the after birth of the dead child, were free from similar appearances, its structure being broken down by long suspended vitality. Cases of a similar kind are not on record; and but

few where the mother partook of the disease previous to imparting it to her child before birth. Heberdeen says that he examined in many instances, the fœtus delivered of women who died of small pox, but never could perceive upon them any traces of the disease, and that infection of the fœtus in utero was very rare. Dr. Flinders relates instances of the disease occurring ten days later in the child than in the mother. One woman near her full time took the small pox. The pustules were mature about the 10th of June, and on the 18th she gave birth to a full grown boy, upon whose face and body there were many pustules, discrete and nearly ripe. Dr. Mead relates that a certain woman who had formerly had the disease, and was near her reckoning, attended her husband in this distemper. She went her full time, and was delivered of a dead child. She did not catch the disease on this occasion, but her infant was a horrid sight, being covered all over with pustules. Dr. Jenner gives an account of an infant which upon the fifth day of its age, became indisposed, and on the seventh, exhibited the eruption of small pox; so that contagion must have been communicated to it while yet in the womb. Sir William Watson says he saw a case in which the scars left by the pustules were visible upon an infant at its birth. The child was afterwards inoculated without taking the disease. Dr. Pearson inoculated a woman in her sixth month of utero gestation, who had the disease severely. Her child who escaped, was inoculated twice afterwards, but without effect. There are other cases of a similar kind, which it is unnecessary to mention. However, we do not find a single instance where the child had been delivered of a healthy mother, partaking of the disease, either discrete or confluent. They had all either had the disease or been exposed directly to its contagious influences, previous to giving birth to their children. These facts do not argue the possibility of a future occurrence of cases similar to the one in question.—To say such cases could not occur, would be presumption, and it almost amounts to the same to assert such occurrences. And at the same time it would be very strange indeed, that a practitioner of medicine could not distinguish a fully developed case of small pox, coming under his own eyes, whilst handling the same. Some may justly questi this

case as having been one of genuine variolo. Be this as it may, at the same time I feel assured that ample opportunity has been offered by which it would be impossible to form an incorrect diagnosis. Therefore I present this case to the profession as one of *genuine small pox*. occurring in the child of a perfectly healthy mother, with the hope that more light may be thrown upon this subject.

LOUISVILLE, Jan. 1854.

A case of Uterine Hemorrhage, occasioned by detachment of the placenta from the superior part of the Uterus. Reported for the Kentucky Medical Recorder, by HERR & HOSS.

We were called on the 6th of January, to see Mrs. Overman, who was laboring under Uterine Hemorrhage.

She was a woman about forty-two years of age, had suffered from Uterine hemorrhage at the birth of her last child, and had for many years been a habitual and confirmed opium eater, having resorted to the use of opium for a neuralgic affection, with which she was severely afflicted.

Her appetite for the consumption of this drug, had become so inveterate, that she could not dispense with its use even for a day, and she had become so accustomed to its effects, that she consumed from one to two drachms daily.

Such indeed had been the influence of this narcotic poison upon the stomach and nervous system, that it required the most exorbitant doses of any kind of medicine, to produce the slightest effect. The patient was laboring under partial delirium, and screamed or wailed so incessantly, that it was difficult to determine whether her sufferings were occasioned by Neuralgic pains, or the pains of labor, or whether she uttered the mere cries of delirium. Upon the most careful examination, *pervaginam*, we became satisfied that the hemorrhage proceeded from a detachment of the placenta from the superior part of the uterus. It had fallen so as to cover the entire os uteri which was dilated to the size of half a dollar, and somewhat rigid. We first determined to apply the bandage, rupture the membranes, administer ergot, and

leave the case to the efforts of nature; but on attempting to reach the membrane, the nervous sensibility of the patient was such as to defeat the operation. She was so sensitive that she could not bear the slightest pressure on any part of the body or limbs, and no uterine action could be promoted, although we administered some two ounces of the wine of ergot, and about thirty grains of the powder.

The pulse rose to 130, and was very feeble, though there was no external appearance of an increase of the hemorrhage.

We determined therefore to wait no longer, but to put the patient under the influence of chloroform, and deliver the child by the operation of turning, without further delay.

As soon as the system was brought under the influence of chloroform, the pulse was reduced in frequency and increased in volume.

The uterus thereupon commenced regular action; the child was turned and delivered by the feet, the uterus all the time regularly contracting and contracted upon itself instantly upon being emptied of its contents without further hemorrhage or danger to the patient.

There is nothing strange or anomolous in all this; but the point which we conceive worthy of the attention of the profession, is that the uterous had failed to act in consequence of nervous irritation, and as soon as the anesthetic state was produced, it commenced its regular action as in natural labor, and would no doubt have terminated the labor favorably, if the operation of turning had not been resorted to. Might not, therefore, chloroform be employed with success in all cases of uterine inertia, resulting from *nervous irritability*?—We have never heard that feature of its therapeutic action discussed. We intend, however, to give it a further trial in similar cases. Meantime, we should be pleased to hear the experience of some one more extensively engaged in obstetrical practice, of its virtue in promoting uterine action in this most important and troublesome feature of medicine, obsteterics. The advocates of chloroform in obstetrical practice, have, we believe, never attributed to it any relaxing agency over non-stirated muscles; nor do we, further than to

control nervous irritability, which is of itself, capable of producing uterine inertia.

The patient was safely delivered of a still-born child in a state of incipient putrefaction, and notwithstanding her extreme sensibility to the touch, previous to the administration of the chloroform, she suffered not the slightest pain from the operation of turning, nor would she believe her nurse or her husband, that her child was born, until it was produced and exhibited to her.

NEW WASHINGTON, Ind., May 1854.

CASES OF MYSTERIOUS POISONING.

BY N. B. ANDERSON, M. D., *Louisville, Ky.*

In the December number of the "Medical Recorder," Dr. Peter has reported several cases of poisoning of a mysterious character, with reference also, to a species of poisoning by "*Alimentary matter which had not undergone any apparent alteration.*" The position assumed relative to the frequency of such cases, is one, which, on a more thorough examination of the subject, will be found of general occurrence as the numerous cases of reported poisoning by drugs, will be found to originate with the food, the cause and nature of which, as yet, are wrapped in mystery. The changes of simple food, after having been received into the stomach, may, from idiosyncrasy, or from some chemical action when brought in contact with the acids of the primæviæ, be converted into poisons whose actions ape those of the regular class of toxicological agents, after terminating the life of those who may thus become the subjects of this mysterious condition and action; and the most rigid investigations relative to such causes often leave the enquirer in a labyrinth of uncertainties and disappointments. So far as the reception of diseased animal food into the stomach, has a great bearing upon health, it seems strange that so many persons are given to the vending of diseased animal food in our community with-

out receiving from the hands of the people or authorized persons the slightest rebuke. The law relative to the vending of diseased meats is not sufficiently rigid, and it is never enforced, leaving the unprincipled to prey upon the community and the health of the people, by one of the most diabolical acts of which man can be guilty. The reception of either diseased animal or vegetable food into the stomach, is the foundation of a host of irreparable and incurable diseases; and the state prison is much too good for those who are thus guilty of laying the foundation of numerous irreparable maladies. Just pause and consider the act, to say nothing of consequences—it is revolting to human nature.

That many cases of poisoning do occur from the oxides or salts of copper, where food is prepared in copper vessels and suffered to cool before removal, cannot be denied; and that many cases terminating in serious consequences, are the result of a chemical action entirely within the stomach, is evident to every close observer, aside from the existence of such agents in the food prior to its use. Cases have repeatedly been brought under my notice and treatment, corroborating beyond contradiction these facts. The following cases and circumstances, establish this fact conclusively occurring as they did in this city, in 1851. Mr. Dodge of this city, whose family numbers some seven or eight persons, a Miss Davis and a daughter of Capt Riddle of New Albany, Indiana, were all poisoned under the following circumstances, proving mortal only in Miss Davis' case; the remainder however, some 8 or 10 persons, recovering only after an illness of several days. Mrs. Dodge, a lady proverbial for her neatness in culinary matters. had invited the above named persons to take tea with her; overseeing the preparation of the same personally. The utmost cleanliness was observed in the preparation of all the dishes, which were partaken of freely by the party, all of whom retired to bed the same night in usual good health, but were all, (who partook of custard,) attacked simultaneously before the following morning, with profuse vomiting and purging, to such an alarming degree as to demand medical attention to the entire number. If I remember correctly, Dr. Knight attended Miss Riddle; Dr. Casparri, Miss Davis; Dr. Bell, Mr. Keese's family; and

Dr. Bell and myself, Mr. Dodge's family. Miss Davis lingered several days and died, regretted by her numerous friends. Miss Riddle lingered some time but finally recovered; Mr. Keese's family suffered the least, and Mr. Dodge's family were some weeks in their recovery; Miss Davis being the only death out of some ten persons who partook of the custard. Those who did not eat of the custard escaped scot free, showing, conclusively, that custard was the article of food causing this unfortunate occurrence. Mr. Dodge's family suffered beyond description physically to say nothing of the mental suffering caused from this unlooked for, and to-be-regretted occurrence. Now that these cases of poisoning were caused by arsenious acid, is preposterous, as there were no persons about the house but the family of Mr. Dodge to administer it in the custard, Mrs. Dodge preparing supper herself. As to the salts of copper being the cause, it cannot be so, as Mrs. Dodge cleaned the kettle herself, made the custard, and whilst hot, poured it into a bowl, giving no opportunity for the salts of copper to form. The incipient decomposition, whether in the eggs or milk, was certainly the primary and exciting cause of these phenomena; and whatever such agents may have been, producing such results, must certainly have existed undeveloped prior to their forming the ingredients of the custard in either eggs, milk or sugar, and yet the mystery remains unaccounted for, from the fact that a portion of the same articles which constituted the custard, were used otherwise, without any such consequence. The only way to account for such results, is either to attribute them to a chemical action either in the ingredients at the time of making the custard, or to such a change on being brought in contact with the acids of the stomach. There is much mystery in such cases, and their frequent occurrence calls from the physician a more diligent and minute investigation as to such causes and effects.

LOUISVILLE, Jan. 1854.

ON THE TREATMENT OF PNEUMONIA.

BY S. AMES, M.D., MONTGOMERY, ALA.

It is now a good many years since certain defects in the ordinary treatment of pneumonia, by means chiefly of mercury, emetic tartar, and blood-letting, first attracted my attention. The dissections which I then made, showed that some of my patients, dying between the sixth and tenth days, had a smaller aggregate of diseases of the lungs than others who recovered had manifested, at any time in the attack, by physical signs. In connexion with this fact, of little consequence in itself, two other things were noticed: *First*, that the fatal cases, having less disease of the lungs, were attended with certain complications and a new set of symptoms, which seemed very materially to influence the progress and result of the attack; and, *secondly*, that these complications had a certain relation to the treatment. The complications were an ileo-colitis, with its attendant symptoms; a dry and red tongue, tympanitic abdomen, and diarrhœic or dysenteric stools; sometimes succeeded shortly after its advent, sometimes accompanied from the beginning by an affection of the liver and brain, giving rise to jaundice, delirium and coma. The relation of these conditions of disease to the treatment was supposed to be evinced by several circumstances. It was observed that those cases in which the treatment was begun early resulted less favorably, as a general rule, other things being nearly equal, than those in which the treatment begun later, and consequently less protracted; that in the former complications were more common. and when not fatal, the attack was more obstinate and followed by a slower convalescence; so often indeed were these accidents presented in this apparent connection, as to induce a good deal of doubt about the propriety of beginning the treatment early in the attack, the temptation being rather to defer it until the approach of one of those critical days on which this disease naturally inclines to terminate favorably. And, lastly, it was observed that serious affections of the gastro-intestinal mucous membrane never occurred in the beginning of an attack, nor indeed at any time in the progress of it, before any treatment was begun. Later experience has satisfied me that, however common may be the evidence of some degree of irritation in some part of the digestive canal, an active inflammation is naturally an exceedingly rare complication of pneumonia.

Thus, the facts seemed very obviously to lead to the infer-

ence that these complications were produced by the deleterious agency of the remedies, or some of them employed in the treatment. At the same time the nature of these new conditions of disease, in connection with the well known toxicological properties of the medicines, while it served to confirm the former inference, pointed to the mercury and antimony as the only agents concerned in producing them. Further observations, however, seemed to be required, in order to determine the relative importance of these agents in bringing about these results, whether only one was concerned, or their joint action was required. Without entering into the details of this part of the inquiry further than to state that the method employed was that of occasionally leaving out of the treatment one or the other remedy, it will suffice for the object in view to give the positive results obtained after some years appropriated to the investigation. It seems that while either mercury or antimony are capable of superinducing these forms of disease when administered in pneumonia, the accidents arising from the one are less frequent and somewhat different from those arising from the other; the latter, however, being equally formidable when they do occur. An ileitis, or gastro-enteritis is most common, and is the usual result of poisoning by tartar emetic. Mercury, on the other hand, may induce an inflammatory state of the intestinal mucous membrane, less frequently, if ever, involving that of the stomach, and more frequently that of the larger bowels, and occasionally, it may be, about the same time the liver and brain. When the two medicines are given together, the resulting complications are apt to involve all the structures mentioned, and, it may be added, are more likely to occur.

It is, perhaps, unnecessary to say that these complications were proved to be of the most formidable nature, always aggravating the pulmonary disease, and rendering it less amenable to treatment, they not unfrequently led to a fatal termination, when death most probably would not have occurred from the pulmonary disease alone.

Finding that the relation of cause and effect between these medicines, and the complication existed, there still remained a further inquiry respecting certain facts connected with these agents and their effects, which the mere existence of this relation did not account for. The facts are, that although the symptoms of these complications are little less than the expression of the usual toxicological effects of mercury and antimony on the gastro-intestinal mucous membrane, and on the functions of the liver, when given in small doses and long continued, they have, notwithstanding, been observed to occur much more frequently in pneumonia, in this climate than in some other climates; and, in this climate, much more

frequently in pneumonia than in some other diseases. Now it is plain, that if the toxicological action of these two agents were alone concerned, this irregularity in their operation could not happen. There is then some other cause in operation besides the mere poisonous properties of the remedies. The immediate subject of inquiry is as to the nature of this cause? The properties of the agents and the nature of their effects lead us to seek it in the condition of the alimentary canal and of the liver. And here we are reminded, that the effects, very similar to those which take place in pneumonia, have been, perhaps, more frequently observed to take place in our endemic periodical fevers; and hence it may be inferred with great probability, that whatever may be the cause of the frequent development of the toxicological action of these medicines in the one, is also the cause of the same effects in the other. Now, it is well known that a state of irritation of the intestinal or gastro-intestinal mucous membrane, and of functional excitement in the liver, are almost uniform conditions of our endemic disease. These conditions are indeed so general, that we may very properly conclude their production to be a law of the remote causes, whatever may be their nature, of the most important of our acute endemic diseases. Sometimes the conditions are openly manifested, while at others they are latent, existing rather as a tendency to take on inflammation in the membrane and functional excitement in the liver, when the former is acted on by irritated *injesta*, whether of food or medicine, or the latter by its peculiar stimulant—mercury. It is on account of the condition of these organs in our endemic diseases, that tartar emetic has never become established as a remedy in any of them except pneumonia, and in fact, also, that mercury has been for a great length of time slowly falling out of use, particularly in periodical fevers, when its deleterious effects are most obviously and most frequently displayed.

That pneumonia falls within the operation of this causative influence might be inferred from the similarity of the effects of these two irritant poisons in this and in other endemic fevers; and we might, I think, rest on this inference as on an assured fact, if there were no direct evidence to support it.—The induction, however, is supported, nay verified, by some direct evidence in the primary symptoms of this disease.—While it is true that the gastro-intestinal irritation is not so often shown primarily by prominent signs, such as nausea, epigastric tenderness and diarrhœa in pneumonia as in periodical fevers, yet there is still sufficient evidence of its actual presence, though, as it were, latent, in the state of the tongue, and the uniform susceptibility of the bowels to the action of purgatives; and so too in regard to the evidences of over ac-

tion of the liver, the signs of it are generally obscure in pneumonia, hardly at all manifested, unless vomiting or purging are provoked by medicines; but at times there are cases of pneumonia, in which the evidence of a bilious diathesis are very prominent, and in all this diathesis is more or less manifest, either by the primary symptoms, or by the immediate action of emetic or cathartic medicines. But I need not dwell on this point, the facts being, no doubt, familiar enough to the reader. Assuming, then, from all that has been said in this connection—in the first place, that the production of a certain state of irritation in the digestive tube and liver, obvious or obscure, is a law of the cause or causes of our acute endemic diseases; and in the next place, that pneumonia is no more exempt from the operation of law than other endemic fevers, we are enabled to refer the more frequent occurrence of injurious effects from these medicines, and their greater activity, in a Southern climate, to the state of irritation so induced as their immediate antecedent, or cause, and thus to arrive at a satisfactory explanation of a number of well ascertained facts which otherwise seemed inexplicable. The difficulty of tracing the frequency of these effects to its proper source hitherto, has consisted in two things—first, in the frequent obscurity of the signs indicating a proneness in the organs affected to take on inflammation, or a high degree of functional activity; and, secondly, in viewing the facts in regard to pneumonia in an aspect of isolation, and not in connection with similar facts common to several varieties of endemic disease, and, as we conclude, referable to the same cause.

We take up now the subject of *blood letting*, which for the sake of perspicuity, as well as on account of its distinct nature and effects, required to be treated of separately. The objections that I have noticed in the course of my experience, to its employment to any great extent in pneumonia, have been presented in two aspects. In the first, a considerable mitigation of the symptoms has been obtained, which, lasting but a few hours, has been followed by a reaction in which disease has passed beyond the point of severity it had previously attained; that is to say, the pulse became in the reaction more full, frequent, and sometimes harder; the respiration increased in frequency, while the restlessness and general feeling of malaise were aggravated. Along with these outward signs, there was commonly a more or less evident extension of the limits of the diseased parts. In this manner, the effect of one bleeding was to render the indications for another more urgent, and if repeated, it was again followed by temporary relief and an ultimate aggravation; results which I have known to follow repeated diurnal or semi-diurnal bleedings until the near approach of a fatal issue arrested the treat-

ment. Such effects from bleeding, there is reason to believe, are not confined to any particular climate or locality. Of this, any one, I think, may satisfy himself, who will study carefully, in reference to this matter, the published clinics of the European hospitals, where he will hardly fail to find examples of this kind.

These results, however, have not there been attributed to losses of blood, but to other circumstances connected with the natural course of the disease. And here the question may be asked, how has it been ascertained that the latter opinion is not the correct one, or that the real error does not lie in attributing to bleeding what properly belongs to the disease itself? The answer is, and it will equally apply to what has been advanced in regard to the deleterious agency of other remedies, that this question has been submitted to that kind of test which logicians call the method of difference; that is, the circumstances of the disease being as nearly as possible the same, the supposed cause, namely, the bleeding, has been withdrawn from the treatment and the result noted. This test so certain ordinarily, is not so in this instance, unless greatly extended as regards time, and the number of cases observed. If the symptoms attributed to bleeding were uniform attendants in the cases bled, the case would be different, for then it would only be necessary to set aside the remedy in one, or at most a few cases, and note what followed. But being only an occasional, though not an unfrequent occurrence, it is impossible to say in one, or in a few cases, that the absence of the symptoms had any necessary connection with the suspension of the remedy. Hence arises a necessity, in order to arrive at any great accuracy in the conclusion, to apply the test, if successful in a few, to a great number of cases, and through a series of years. The test has been so applied; and the observation of many years have satisfied me that sudden and violent changes for the worse, of the kind here spoken of, do not occur in the progress of pneumonia, unless bleeding constitutes an essential part of the treatment. Perhaps it would be more accurate, instead of stating the conclusion in such general terms, to say that under my observation they have not occurred in one hundred and thirty-two cases not bled.*

* Some weeks after writing this and the preceding paragraph, I met by accident, so far as I remember, for the first time, with an extract from Lænnec, which fully confirms my opinions in regard to the effects of bleeding in pneumonia. It is contained in Mr. Guthrie's tenth lecture, "On some of the more important points in Surgery," published in the June No. of the London Lancet, for this year (1853). The most valuable remark of Lænnec, says Mr. Guthrie on its use (*tartar emetic*) is, "that by bleeding we almost always obtain a diminution of the fever, of the oppression, and of the blood expectoration, so as to lead the patients and the attendants to believe that recovery is about to take place; after a few hours, however, the unfavorable symptoms return with fresh vigor; and the same scene is renewed often five or six times

In the second of these aspects, no mitigation of the symptoms followed the bleeding, the immediate effect being to quicken the pulse and to enfeeble it; and, though there might be a subsidence of pain, the condition of the patient was in other respects altered for the worse. I take for illustration a single example of this kind of change from my note book now before me. A young man of good constitution, and before this attack in good health, was bled at 12 M. on the fourth day of September, 1843, being the third day of his illness, to twelve ounces. While the blood was running the pulse rose to 120, becoming small and soft; no faintness; half an hour afterwards, pulse 132; at 6 P. M., pulse 125. The disease occupied the lower and middle lobes of the right lung; a part only of the diseased portion having passed into the second stage.

The unfavorable effects of this remedy have not appeared to be governed by any specific circumstances that can be appreciated in individual instances, so as to enable one to determine beforehand the probability of a good or bad effect from it, independently of those general rules which apply to all climates, and to all diseases in which the remedy is employed.

But if the condition on which such effects immediately depend are inappreciable or undiscovered, the more remote causes are not perhaps altogether so. The general experience of physicians is, that the loss of much blood is not so well borne, nor its curative influence so favorably exerted in this as in Northern climates. If this be generally true, of which I think there cannot be much doubt, there seems to be two causes in operation which make it especially true of pneumonia. The first concerns that class of our population most liable to its attacks, namely, the blacks, whose nervous and muscular tone, or force, is more easily acted on by depressing influences than that of the whites; requiring more animal food to sustain it in health, and giving way more readily to the impressions of cold or fatigue, and, in disease, to any kind of active depletion. The second concerns a peculiarity in the disease itself common to both races. The peculiarity consists in this, that the disease hardly ever lingers in the first stage, but presses on to the second with a degree of rapidity which, while it constitutes the rule with us, is the exception in colder latitudes. It is not uncommon, for example, to notice the rust colored sputa, with a well marked dullness, bronchial respiration, and bronchopony in

after as many venesections. On the other hand, I can state that I have never witnessed these renewed attacks under the use of tartar emetic."

The common opinion however in regard to the cause of these changes is, I believe, correctly stated in the text and I have not therefore thought it best to alter it.

some part of the diseased structure, sometimes over a large part of it, within the first twenty-four hours. On one occasion, I saw the characteristic sputa at the very beginning of the attack, even before the cold stage which ushered it in had passed off. It is much more common than otherwise, to find the physical signs of the second stage fairly developed on the second day. And thus it happens, the greater number of first visits being made on the second day, that when the physician come to prescribe, he finds his patient in that stage in which the propriety of bleeding at all is held by many to be more than doubtful, and by all to be much less effective for good.

Whatever may be the influence of these causes, in modifying the effects of bleeding in this climate, and among a slave population, certain it is, that any very obvious and permanent, as well as immediate benefit, is seldom obtained from it in this disease, while it is sometimes obviously and immediately injurious. Hence, it has come to be very sparingly employed by much the greater number of physicians of experience in this section of the country, and many dispense with it altogether; while among those who bleed most, not one, I suppose, could be found who ever entertains a thought following out the *coup sur coup* plan which Bouillard, it would seem, found so effective in France.

That either or all of these potent remedies were frequently beneficial, I was not permitted to doubt. That they were often extremely deleterious in the ordinary way of using them, seemed to me to admit of as little doubt. The latter conclusion led to, and I think justified, (a matter, however, which I leave to the casuists in medical ethics) the institution of a series of observations in order to determine, first, the possibility of so employing them as to obviate their injurious effects, and afterward, failing in this, the practicability of finding efficient substitutes less liable to those contingencies, which, according to Dr. Boling,* referring, however, chiefly to antimony, are quite as formidable and fatal as the disease itself. It is not necessary to the object to this explanatory introduction to follow up in detail the successive steps, running through a number of years, by which slowly and even reluctantly, first one and then another of these old and familiar remedies were laid aside and others substituted. Suffice it to say, that after the conclusion was come to that change of remedies was necessary, neither of the established ones was rejected suddenly or capriciously. The first step in the experimental inquiry encouraging me to proceed,

* Among the cases of pneumonia which we have treated with tartar emetic principally we do not hesitate to say that half as many deaths have occurred in consequence of gastro-enteritis, induced seemingly by the remedy supervening during the progress of the disease, or at the moment of apparent convalescence, as from the primary disease itself,—*N O. Medical and Surgical Journal*, vol. 5 p. 291.

blood-letting and mercury came to be used only in certain circumstances, (the former, when the breathing was not only frequent but embarrassed by excessive pain, the latter, after the acuteness of the febrile symptoms had subsided, and the physical signs persisting, the disease threatened to become chronic,) and afterwards were dispensed with altogether. It is now about seven years since I have drawn blood in any mode, or prescribed mercury in any form or dose, in the treatment of this affection. Tartar emetic, by far the most valuable remedy of the three, was continued longer, because it was found on trial that its poisonous effects could generally, though not always, be avoided by giving it in large doses, repeated at long intervals, two grains every third or fourth hour, dissolved in at least two ounces of water. and suspending it during eight or twelve hours at night. This, however, with the others, was finally laid aside, giving place to a contrastimulant more prompt and efficient in its action, and at the same time divested of all the deleterious qualities of the other.

The treatment of pneumonia, then, which was finally settled down on somewhat more than four years ago, and since, with some slight modifications, steadily pursued, consists in discarding the three principal remedies in common use, and substituting others in their stead, after the following manner:

On visiting, for the first time, a person of adult age having pneumonia, in the first or second stage, pleuro-pneumonia, or pneumo-bronchitis, I make the following prescriptions:

℞ Tinct. Aconitum Napellus (saturated) gtt xii.
 Quinine Sulph. vel. Ferro-Cyan., gr. xxxvi.
 Morphia Sulph., gr. i.

M. ft. pil. xii.

℞ Solution of Phosphorus, gtt. xvi.
 Water, oz. iv. M

Of the first, two pills are directed to be taken every third or fourth hour, usually every fourth, each dose being preceded one or two hours by a teaspoonful of the phosphorus mixture. If an anodyne be required in addition to that contained in the pills, a quarter of a grain of morphia is given at bedtime. If the disease is in the first stage, the beginning of the second, or, after the second stage is fully developed, if there be much pain, not yielding permanently to anodynes, a large blister is directed to be applied over the seat of the disease. Such is the outline; the details will be given in speaking of the remedies separately.

The preparation of Aconite used, is a saturated alcoholic tincture, made by percolating through a pound of the bruised root alcohol enough to make a pint of tincture. This ob-

tains, if the root be of the right species, is unmixed, and not too dry or too long gathered, a stronger tincture than that of Dr. Fleming, of London; whose valuable paper on the therapeutic and toxicological effects of this drug first suggested to me its employment as a substitute for bleeding and antimony.—The dose advised, two drops, may be considered a medium dose, when made up into pills according to the prescription, or a full dose if given in water. I speak here as well as in what follows of the tincture made from the best specimens of the root. But as our druggists hardly ever get two successive parcels of equal strength, the dose requires sometimes to be raised to two and a half or three drops. This difference in activity is partly owing to a difference in the varieties, of which there are several, but also in part to the mode of cultivation, and the length of time it has been gathered, and the amount of exsiccation it has undergone. I am not familiar enough with the physical qualities of the several varieties of the *A. Napellus*, to furnish the means of deciding, by an examination, of a given specimen, what degree of effect is to be expected from its administration; the effect in kind, I believe, is the same, or nearly so, of every variety of this species. It is desirable, however, to obtain some guide in this respect, and though none may be afforded by the root itself, there is a mode of testing the activity of the tincture, which serves a very good purpose in selecting it for use.—The best tincture, diluted in the proportion of an ounce of water in sixteen drops, taken into the mouth in a small quantity, produces a burning in the tongue and lips, with a feeling of tingling and numbness, and a loss of taste; the sensations lasting from two to eight hours. Diluted with twice this proportion of water the same effects follow, though less actively and durably. This test can be depended on only to a certain extent—an article requiring, for instance, three drops for a full dose, could hardly be distinguished in this way from one requiring only two. One is able, however, to decide by it at once, between a good and a bad preparation. If a few drops of the tincture, diluted as first mentioned, produces no burning, no tingling, when applied to the tongue, the specimen should be rejected without hesitation; and so also of the weaker dilution, if a teaspoonful be taken into the mouth and retained there but a moment. Other things being the same, the root making a dark-colored tincture, is not so active as that which gives it nearly the hue of Madeira wine. A still more effective test may be found in a few tentative doses. If in a trial of this kind, the tincture has first been tasted, and found to produce the effects described, the experimental dose should not exceed, at first, two drops. No danger, certainly, is to be apprehended from a dose two or three times as great, but the effects of two drops are sometimes very disagreeable and even painful.

The curative influence of this medicine, though by no means dependent on doses sufficient to produce any poisonous effects, is, nevertheless, the more promptly exerted in proportion as the latter are developed within certain limits. It is desirable therefore, to give enough, or to repeat the dose often enough to induce some nausea, or slight vomiting, particularly in the first stage of pneumonia. I believe it is not needful to go farther, as a general rule, in order to get the best effects of the remedy, without at the same time, harassing the patient with its sickening influence. On some occasions, however, when the attack wears an unusually threatening aspect, a more decisive impression may be required; and in such a case, it is better to repeat the dose more frequently, rather than enlarge it much. Under ordinary circumstances, then, let us say the development of the toxicological action of the remedy, to any great extent, is not desirable, for if the dose be too large or too often repeated, its effects may become exceedingly distressing to the patient, and alarming also to him and his friends. In such instances there occurs, more or less suddenly, a feeling of great prostration of strength and of sinking; coldness, palor, and profuse sweating of the skin, pretty constant, though not painful nausea; frequent efforts to vomit; purging; a slow, feeble and thready pulse, and sighing respiration. To these symptoms there are added a dryness, or rather the feeling of dryness, and constriction of the throat; burning, tingling and numbness in the mouth, and numbness in the skin of the hands and feet, and frequently over other parts of the surface.—These symptoms I have witnessed, to the full extent described, in two instances, both adults, from a single dose of three drops, given in water. Hence, I have adopted the custom of beginning with a dose of two drops, in the pill form, and one and a half drops in water, increasing the latter to two drops in the second dose, and still more in the third, if required. The poisonous effects from the largest dose spoken of, even if very actively developed, are only to be dreaded on account of inconvenience to the patient: they always pass off in a few hours, never exceeding eight, without leaving behind anything injurious or unpleasant.

Children bear somewhat larger doses, in proportion to age, than adults. A child six or eight months old can generally take one-fourth of a drop without inconvenience, and one of twelve or eighteen months will frequently bear a third or half a drop; having reference in all that I have said of the dose for adults and children to its repetition, except in cases of unusual violence, at intervals of not less than three hours; but in no circumstances ought the intervals to be less than two hours, in children, I am not sure that it ought ever to be repeated so often. Ordinarily, its repetition once in four hours is sufficient.

The best effects of this remedy in pneumonia, like bleeding, is exerted in the first stage, or that of capillary repletion. After the second stage is completed, throughout the greater part of the inflamed structure, though not at all doubtful as a remedy, nor, indeed, any the less efficient or certain in its curative action than before, the latter is usually less promptly exhibited as regards both the rational and the physical signs. As a substitute for bleeding, it seems to possess several other advantages. While it reduces the force and frequency of the pulse with greater certainty, though somewhat less speedily, its action in this respect may be kept up for any length of time required, without fear of present or subsequent injury from it of any kind; if suspended, there is no tendency to any violent reaction in the circulation, nor, indeed, to any speedy febrile reaction at all, the pulse coming up to the natural standard, after having been brought below it, very slowly. Hence, if it be thought desirable for any reason to suspend its administration during the night, no fears need be entertained of finding the pulse materially accelerated the following morning. It may be added, in concluding this part of the subject, that convalescence is never retarded through the influence of this remedy, and that unlike bleeding, it is safe as well as efficient, in all circumstances of the acute disease, if used with but ordinary caution. If any serious harm results from it, the fault, I will venture to say, will lie with the physician, and not with the remedy.

Phosphorus, it seems, from the accounts given of it in the books, is not a new remedy in inflammatory affections. It is said to have been employed in several diseases of this class, and among the rest, in pneumonia, but precisely under what circumstances, and with what success, I have not been able to learn. It is generally acknowledged to be a remedial agent of great power, and available in the treatment of a great variety of morbid affections. It appears to have gone out of use on account of the dangerous and even fatal consequences resulting from its employment in the large doses usually recommended. It is proper to say that I am indebted to the representations of its value by my friend, Dr. James Berney, of this city, for my employment of this remedy in diseases of the lungs.

[TO BE CONTINUED.]

EDITORIAL AND MISCELLANEOUS.

On the Use of Ext. Belladonna in the Treatment of Obstinate Vomitings in Pregnant Women. By R. L. SCRUGGS, M. D., of Louisiana.

It is not a little surprising that an article capable of promptly arresting so grave a disease as the obstinate, and even dangerous vomitings, which often supervene in the course of pregnancy, should have been so entirely neglected or overlooked by the profession generally; particularly when it is remembered that M. Bretonneau, more than eight years ago, announced the important fact to the profession in Europe, and pointed out the circumstances under which it ought to be used, the manner of applying it, &c. In the many recent discussions and papers read upon the subject of the propriety of inducing premature labor for this disease, I am surprised to see no allusion made to this remedy whatever. Even in that excellent and unique work, published in 1851, by Chas. D. Meigs, "upon woman and her diseases," no mention is made of it, notwithstanding he says that the affection is so untractable as to justify the induction of premature labor.—M. Trousseau, in a clinical lecture, delivered at the Hospital Necker, in January, 1848, thus alludes to M. Bretonneau's theory and practice in these cases*

"Five years ago," remarked the Professor, "a lady pregnant for the first time, who, for six weeks, had vomited both liquids and solids, called in M. Bretonneau. He found the patient in a most alarming state—the affection progressed rapidly and threatened to become inevitably fatal. This woman, when questioned, complained of sharp uterine pains. In a primipara, the fibres of the uterus are not broken in, if you will allow the expression, and not habituated to the process, and allow themselves to be distended with difficulty; and it is this which causes the pain. M. Bretonneau thought that the uterine pains were the cause of the other symptoms, and that if he succeeded in mastering them, he would overcome the sympathetic vomitings of the patient. Acting upon this idea, he covered the hypogastrium repeatedly with a mixture of belladonna; the vomitings ceased the same day, and recovery ensued. Sometime afterwards, he had occasion to observe another case, where the pains of the uterus did not exist; but he thought that even if the brain did not perceive the pains of the uterus, the ganglia might take note of them, and reaction occur. To modify these accidents, he believed it to be sufficient to prescribe the belladonna mixture, and was again gratified with complete success. The

*Yandell's Letters from Paris.

result of these and similar cases justifies him, he thinks, in laying down the following principle:

"Whenever, in a woman, pregnant for the first time, or many times, vomitings supervene during the course of gestation, frictions should be made upon the hypogastrium with a mixture of belladonna, and the vomitings will cease."

The Professor then asks, "In what manner does the belladonna act? I confess it is impossible to determine. Can it be supposed that the fœtus, in being developed, painfully distends the fibres of the uterus; that the vomitings are sympathetic, like those which supervene in cystitis, for example? This is possible. Whether it be this or something else, it is upon this hypothesis that M. Bretonneau has employed his remedy. He has promulgated his theory, and has endeavored to confirm it by facts. The fœtus distends the uterus, the nervous ganglia take cognizance of it, and sympathetic vomitings are the consequence. This is the theory, which you may adopt or not, but which must be admitted to conform, with marvellous exactness, to the therapeutical results."

I had but just seen these opinions of M. Bretonneau announced, when I had an opportunity of making a practical application of them. My first patient, however, presented other symptoms than those described by him, for the relief of which he prescribed the belladonna mixture with such confidence and success. The result in this instance was equally fortunate.

Called in consultation, July 14th, 1848, to Mrs. L. W. D., æt. 24. This lady has been married about two years, and had miscarried once during the time, at about the fourth month of utero-gestation. She had been attended for several days before I saw her, by an experienced and scientific physician, who, failing in his efforts to relieve her of a most distressing cough, solicited my assistance.

Pregnancy, at the time of my visit, had not been suspected; but upon a more thorough examination of the case assisted by the answers elicited from her by questions in reference to this condition, we satisfied ourselves of the existence of pregnancy. I immediately suggested to my colleague the theory of Bretonneau, and asked, if this theory be correct, might not the sympathetic irritation produced by the distended and fretted uterine fibres react as well upon the bronchial mucous membrane—thus producing cough—as upon the stomach? He caught at the idea at once, and we directed equal parts of ext. belladonna and lard to be rubbed together, and frictions made with the mixture, every four hours until our return. The next morning we were much gratified to find that the cough had entirely disappeared, and the patient feeling, of course, greatly relieved. She got up in a short time, and continued to enjoy moderately good health until

she removed to Memphis, when we lost sight of her, but understood she was taken ill some months afterwards, and after suffering for several days, was delivered of a dead fœtus, at about the seventh month of utero-gestation. Having repeatedly seen the vomiting return after having been arrested by the application of belladonna over the hypogastrium, and again arrested by the same means, as promptly as at first, I am inclined to think now, that had the belladonna been used again in her case she might have gone to her full term, and possibly borne a living child.

Since the occurrence of this case, I have had repeated opportunities of testing the virtue of this article in similar cases, and in no instance has it failed to relieve the patient.—It may be proper to remark, however, that any complications that may be found to co-exist with this condition, such as gastritis, gastroenteritis, constipation, &c., ought to be treated with their appropriate remedies; and when the vomiting has continued for a considerable time, I have usually applied cups, fomentations, &c., under the impression that the excessive vomiting itself had excited inflammation of the gastric mucous membrane. But this has probably been an unnecessary proceeding, since it would appear from the observations of some of the most distinguished physicians of Europe, that no such condition of the mucous membrane of the stomach has been found to exist in subjects examined after death from this disease. My own observations tend also to establish this fact. At least, I have repeatedly found that the most active means that could be used for the subduction of the supposed gastric inflammation, proved altogether unavailing until the belladonna was applied over the hypogastrium, when the vomiting has invariably ceased. Very recently I delivered a young married lady of a healthy female child, who about the middle of December last, was taken with excessive vomiting, attended with such violent straining, that when I arrived, I found that the matters ejected from the stomach were streaked with blood. The stomach being also tender to the touch, I proposed at once, the application of the cups. But no persuasion could induce her to allow scarifications, nor even dry cupping. Failing in this, I ordered a purgative enema, a stimulating foot bath, a mustard cataplasm over the stomach, and used a variety of anti-emetic mixtures, but all to no purpose. I then applied a belladonna plaster over the hypogastrium, and very soon she was relieved of her nausea and vomiting, and had no return of it for eight or ten days, when the plaster was again resorted to, which relieved her as promptly as at first and she had no return of it afterwards.

I have now under my charge a young married lady, pregnant about six months, who suffered for a considerable time

before she applied to me for relief. The belladonna here, as usual, was prompt and effectual in stopping the vomiting.— She made use of it once or twice afterwards upon feeling slight nausea, but she is now, and has been for several weeks, perfectly healthy and free from any trouble of that sort.

M. Dubois, while upon the subject of the “induction of abortion in the vomiting of pregnant women,” during a recent discussion in the Academie de Medicine, “stated the results of his experience in relation to obstinate vomiting in pregnancy. In proof that this is oftener a more dangerous occurrence than is usually supposed, he stated that in the course of thirteen years he had met with twenty cases in which it had proved fatal. That obstinate vomiting is but the exaggeration of the natural sympathetic vomiting of pregnancy, and not due to any special lesion, is proved by the facts that at the autopsies nothing is found, and that when the process of gestation becomes arrested, whether spontaneously or artificially, the vomiting is ordinarily put an end to, although the woman may not be delivered until several days after, of a dead child, and may yet die of the effects of what she has undergone.” (Amer. Journal of the Medical sciences, Jan. 1853.)

The observations of Dubois, Bretonneau, Ems, Duclos, Trousseau, and others, seem to go to establish the fact, that, no matter how violent or continued the vomitings are in these cases, there is no real inflammation of the stomach produced by them, and consequently anti-phlogistic measures resorted to in view of this condition of the stomach, would appear to be, to say the least of it, unnecessary. Notwithstanding my own observations tend to establish the same fact, yet I cannot recommend an entire neglect of such adjuvant measures as would naturally suggest themselves to the intelligent physician. The bowels of course, ought to be attended to, and the cups, fomentations, poultices, &c., may I think be justifiably resorted to upon a mere suspicion of gastric inflammation, for the patient is but slightly inconvenienced by them, and they will certainly relieve any inflammation that may exist. But I must protest against the blister. It will do no good at the time, and prove a source of great annoyance to the patient afterwards.

I have also used the belladonna ointment in cases of painful menstruation, with apparent benefit, but my experience with it in the treatment of these latter cases, is too limited to justify me in recommending it with any great confidence.

I have used it recently in a very violent case of dismenorrhœa, and it appeared to assist in relieving the pain; but so many other measures were resorted to, at the time, for the relief of this young lady, that it is impossible to determine what part, if any, the belladonna acted in giving the relief. I think however it is worthy a still further trial in these cases.

In conclusion, I would suggest that it may be applied much more conveniently, and with equal efficiency, to the hypogastrium, by spreading the extract, undiluted, upon soft leather, in the manner of using the exp. cantharides, than by the plan originally suggested, of rubbing it on with the hand. This plan has the advantage, first, of being more cleanly, and secondly, may be re-applied by the patient herself, at any time when pain or nausea is felt.—[*Southern Journal of Med. and Physical Sciences.*

It is the duty of the undersigned to make a report to the State Medical Society, at its next annual meeting, on the Medical Biography of Kentucky. The suitable discharge of this duty requires the assistance of medical men throughout the State. The undersigned earnestly desires to receive from *all* persons friendly to an attempt to preserve a record of this kind, brief notices or fuller sketches of deceased physicians who have spent the whole or any large part of their active professional life in this State—who have been identified with the profession here, either as teachers or practitioners of medicine.

That this record may be as complete as possible, it is desirable that the notices sent should be full and minute, though meagre ones will be more acceptable than none.

They should be forwarded before the 1st of September, and as much earlier as may be convenient.

R. J. BRECKINRIDGE.

Louisville, February, 1854.

AMERICAN MEDICAL ASSOCIATION.—Below will be found the official notice of the seventh annual meeting of the National Medical Association, to be held in this city in May next. We hope to see on that occasion a large representation from all parts of the country, and there is every reason why such should be the case. The season of the year is one at which physicians are more at leisure than at any other, and in which the facilities for traveling with speed, safety, and at a moderate expense, whether by the river or by railroad, are very great. Besides, there are a multitude of physicians, in the east particularly, who, though well informed on other sub-

jects, have very inadequate ideas as to the magnitude and importance of the west, and who need just such a trip as the meeting of the Association will afford, to correct and enlarge their views on the subject, and we sincerely hope that they will avail themselves of it.

We are among the number of those who believe that the formation of the Association has already exerted a most salutary influence on the profession at large, and that it is yet destined, if kept up with proper spirit, to bring about a gradual but permanent elevation of the standard of attainments, we therefore desire to see a full attendance at this as well as at all subsequent meetings. But if other motives in addition to these are wanting, they may be found in the novelty which a trip to the west will offer. True, we cannot pretend, nor will we attempt to rival New York in the magnificence of her entertainment—indeed, if we were able, for one, we are entirely opposed to the system of vying with other cities in costly entertainments, believing as we do, that by such a course we would be doing the Association itself a vast amount of injury. This much, however, we can say, that all the delegates in attendance will meet with a hearty and hospitable welcome, both from the profession of our city, and from our citizens at large.

The seventh annual meeting of the American Medical Association will be held in the city of St. Louis, on Tuesday, May 2d, 1854.

The secretaries of all societies and of all other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed*, and it is earnestly desired by the committee of arrangements that the appointments be made at as early a period as possible.

The following are extracts from article 2d of the constitution :

“Each local society shall have the privilege of sending to the Association one delegate to every ten of its resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing one hundred inmates or more, shall have the privilege of sending two delegates ; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.”

“Delegates representing the medical staffs of the United States Army and Navy, shall be appointed by the chiefs of

the army and navy medical bureau. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to article 2d of the constitution, at the last meeting of the Association, held in New York, in May, 1853.

E. S. LEMOINE,

One of the Secretaries, St. Louis.

ETHER IMPREGNATED WITH QUININE IN THE TREATMENT OF INTERMITTENT FEVER. By M. A. PIGNACCA.—A limpid fluid of peculiar and not pleasant odor, is obtained by the distillation of quinate of lime, alcohol and sulphuric acid; its exact chemical nature has not been yet ascertained. M. Manetti, a young student in medicine, deserves the honor of first suggesting the administration of quinine, in this form, by inhalations. He was struck with the death of a patient, who sank under a severe attack of fever, from the impossibility of giving him, in a short time, the medicine in sufficient quantity; and he set about discovering some preparation by which it could be absorbed through the air passages. A scruple, poured on a handkerchief, must be held alternately to the nostrils; first ensues lachrymation; then a little heat of throat and coughing; sometimes singing in the ears. M. Pignacca has known severe cephalalgia disappear, in some patients, during the inhalation. It is recommended in certain fevers; in neuralgia, especially of the branches of the fifth pair; in marsh fevers, six of which cases are often accompanied by urticaria and symptoms of gastro-enteritis, &c. In some cases the fever was permanently arrested by four inhalations in the intervals of the attacks.

Gazetta Medica Lombarda.

BOOKS RECEIVED.

Towne's Chemistry for Students. Blanchard & Lea.

Prize Essay on the Use of Alcoholic Liquors in health and disease; by Wm. B. Carpenter, M.D. Blanchard & Lea.

Bennett on the Uterus. Blanchard & Lea.

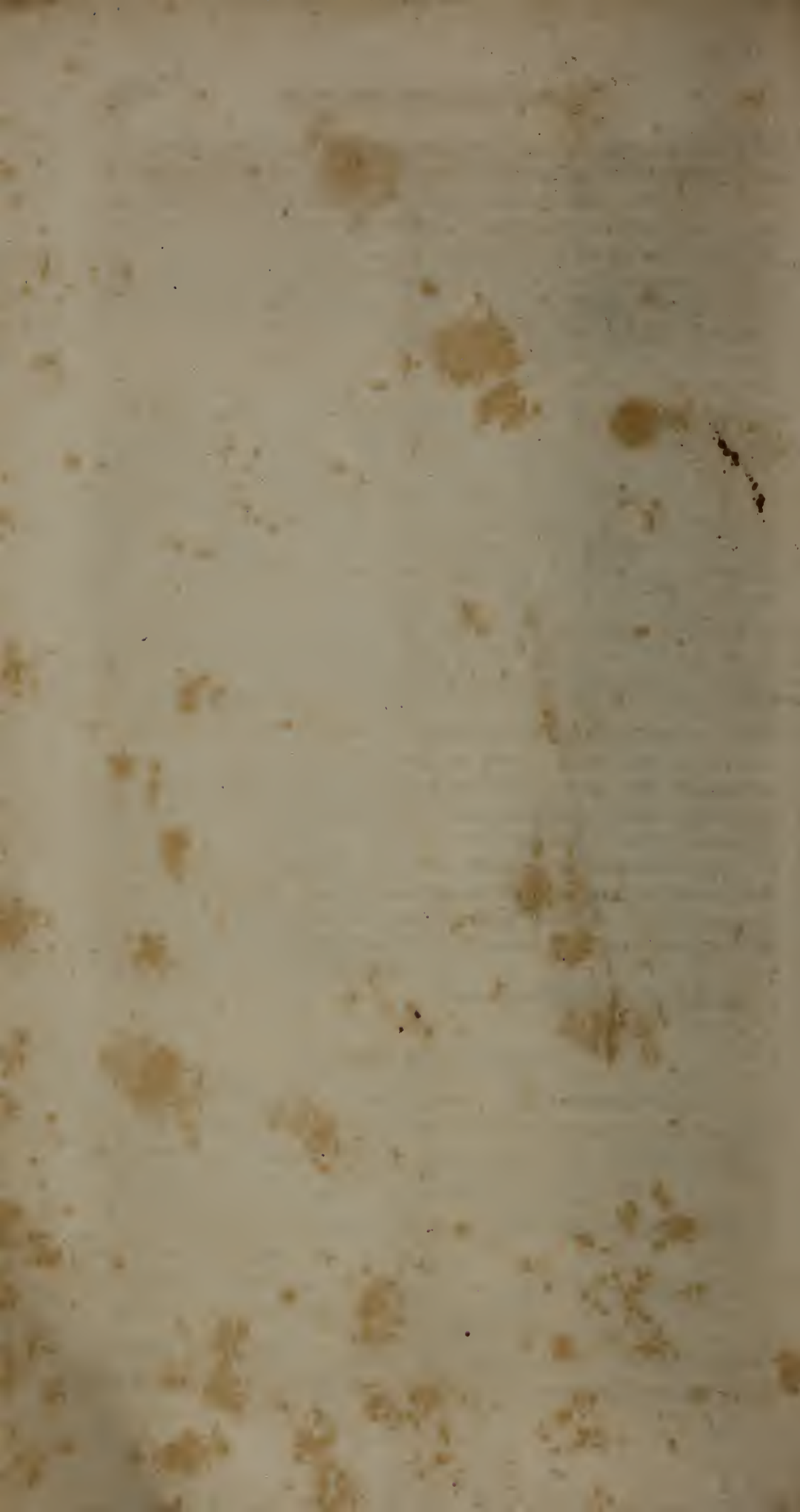
Flint's Essay on Chronic Pleurisy, and Flint's Clinical Report on Dysentery. H. C. Morton.

Rankin's Half-yearly Abstract. Lindsay & Blaikston.

Braithwaite's Retrospect. Stringer & Townsend.

Essay on Mechanism and Management of Shoulder presentations, by Wm. M. Boling, M.D., Montgomery, Ala.





KENTUCKY MEDICAL RECORDER.

VOL. III. LOUISVILLE, KY., MARCH, 1854. NO. 7

ADDRESS TO THE GRADUATES OF THE KENTUCKY SCHOOL OF MEDICINE—SESSION 1853-4.

BY R. J. BRECKINRIDGE, *Prof. Materia Medica and
Clinical Medicine.*

GENTLEMEN GRADUATES:—

To each one of you this night is a veritable era. The event, to which, for months past, you have been looking forward, with hope not unmingled with fear, and on which, in years to come, you ought to look back with pleasure or pain, according as you adorn or disgrace the profession you have embraced, has at length occurred. The period of your probation is past: the regular preliminary course of study is accomplished: the requisite proofs of your industry, zeal and proficiency have been exhibited: you have entered the fiery furnace of the green-room, and come forth unscathed, with neither the hairs of your head singed, nor the smell of fire on your garments; and for witness of all this, have received the honors of the Doctorate, and the certificate of your fitness to begin the great work of the Physician. This diploma, this little piece of parchment, on which are a few printed words, a single seal and a dozen autographs, is to you, and to the world, not *merely* a piece of printed, stamped and bescribbled sheepskin. It has, or ought to have, a deep significance. In it, yourselves, your patients, and your teachers have a profound interest. It tells a tale for you of watchfulness and study, of reading and reflection, of multitudinous, and, doubtless, oftentimes wearisome lectures, of aching brow and throbbing brain, of resolution, patience and perseverance. It is a testimony which we bear to the world of your past

success, in mastering the elements of this difficult knowledge, and a promise for the future of their successful application. In becoming Physicians, you have assumed a part of the vast debt owed by science and art to humanity: this parchment is your bond for its payment, and we are your endorsers.

From this hour, gentlemen, if you are true to the office you have assumed, you enter upon labors far more arduous than any you have yet undertaken. To obtain a diploma as a reward of merit, is a light matter in comparison with obtaining that genuine position of eminence which so many aspire to, and so few reach. This comes only with a life-long struggle—by starting out with a determination to be daunted by no opposition, turned aside by no obstacle, and baffled by no difficulty—by an earnest, constant devotion to this one thing—a devotion based on a purpose of excelling, quickened by a desire to do good, and vivified by a sincere love for this imperfect but noble science, and this faulty yet beneficent art. And I tell you now, in the outset of your career, if in your hearts there be not this love—deep, true and genuine—for your profession, you had better abandon it this night—at once, and forever. I am persuaded, however, that this feeling glows within you, and, therefore, by authority of the Regents, and in the name of the Faculty of the Kentucky School of Medicine, I welcome you into the ranks of the combatants with disease, invoking for you the aid, not of the fabulous Goddess of Health, but of Him from whom indeed cometh all life, in the warfare you have begun, and bidding you, in every contest, a hearty “God speed.”

The Profession of Medicine is an ancient and honorable one. The former is shown by its records—the latter, by its mission and work. To heal the sick, to preserve the well—what a mission and work is this! In these few words what a volume of human happiness is spoken! Mathematicians may calculate the exact distance of the remotest planet, and the precise dimensions of the vastest body in the universe, but which one of them can estimate the value of life and health? Who can sum up the total of suffering and sorrow as the results of disease and death? No figures can express, nor the grandest human intellect conceive the magnitude of either.

To have a mission, however, is one thing; to accomplish that mission is another thing altogether. To have a work to do, is very far from doing that work; and so, while all admit the beneficence of the designs of our profession, some wholly deny, and not a few seriously doubt their practical fulfilment; while many restrict within a very narrow compass, the powers and capacities for good, of the art of medicine. Much, unquestionably, of every man's success in the pursuit in which he is engaged, depends upon the views with which he engages in it, and the ardor with which he follows it. Nothing can tend so much to weaken energy, as to entertain a low or degrading opinion of one's business. In the practice of medicine, particularly, he is most likely to be successful, in the fullest sense of the term, who entertains the clearest conception of the dignity, the honor and the usefulness of his work. I do not know, therefore, how better to spend the last moments we are together than in considering this point; nor what more appropriate farewell words I can say to you, than such as will give you just, and at the same time, gratifying views of the powers of medical art.

There are very many difficulties, not to say impossibilities, in the way of a rigid and wholly reliable answer to the the questions, *How far* is Art trustworthy? What is the precise control of medicine over disease? How much of each particular result, or of the great aggregate results of cases for good, is due to the unaided efforts of nature, and how much to the skill of the physician? To these, an exact answer is simply impossible. Their investigation involves necessarily, problems of existence yet unsolved; and their calculation requires data which no human being possesses, and which there is not the smallest likelihood, any human being ever will possess. When all the causes of disease are revealed, all the laws of life made known, all the links of organization thoroughly exposed, as to everybody; when all the effects of all medicines on all constitutions, as modified by all circumstances, are thoroughly appreciated—that is to say, when an infinite number of things impossible to be known, and infinitely hard to comprehend, are known and comprehended, then will be seen clearly enough the *exact* relation borne by

medicine to disease. While the *degree* of effect, however, is so difficult to estimate, the *nature* of it is not so. There are very many reasons for believing that medical art has a decided control over disease—that a large aggregate good is the result of its application. This view might be sustained by divers considerations. I call your attention to two of them only—the first relative to the *science* and the second to the *art* of medicine.

Now the Science of medicine is one of the most comprehensive of all sciences, or to speak more truly, it is composed of many sciences. Some of these are comparatively exact—others not nearly so. The science of Anatomy, for example, is very nearly a perfect one. All parts of the human body are known—the most delicate nervous fibrils; the minutest vascular ramifications; the intimate structure of every organ; the remotest elements of its tissues; the nature and composition of the fluids as well as the solids; the precise position and relations of all—so that this body, “so fearfully and wonderfully made,” complex in its structure and opaque to others, is to the anatomist as transparent as ether, and as perfectly known as the simplest fact. Now the physical structure of man—a knowledge of Anatomy in other words, is the very corner stone upon which the whole of our superstructure is erected. We have, at least, a firm foundation.

Less perfectly known and less thoroughly understood than the science of organization, is the science of life—or Physiology. This is deducible from that, and yet not wholly so. Obviously the construction of a machine must be known before its action can be truly comprehended; but a knowledge of movement by no means necessarily follows a knowledge of mechanism; and hence our knowledge of the function of one or two structures is conjectural, while a perfect and absolutely faultless conception of most of them individually and of all in the mass is not yet attained if attainable; because it has pleased God to hide from our understandings the great principle of vitality—that principle by which and in which and through which all these offices are performed. Nevertheless you know what a wonderful degree of precision considering these things, this beautiful and important study has attained. There are now in Physiology a great variety

and vast number of carefully observed facts, from which we deduce fairly and rigidly the most important general principles. The circulation of the blood, its agency in secretion and its office in nourishing, building up and vivifying the body—the processes of respiration—the function^s of digestion—the curious work of the glands—even the labor performed by the nervous system—all these and many more are told us by Physiology, besides the revelations it makes in regard to the general laws of life.

Look at the science of Chemistry, in its double relation to medical science, as the exponent of Physiology, and as supplying to art some of its most precious defences against disease—in the one case as perfect, as far as it goes, as any can be, in the other, contributing to the solution of problems otherwise inexplicable. Look at Pharmacology—the science of remedies. We know that there are a great many substances which have the power of effecting certain changes, or doing certain specific things when brought in contact with the living tissue or under the control of vitality; that these effects are, upon the whole, constant and determinate; that they are modified in certain ways by certain altered or abnormal states of the constitution; and essentially what these modifications and states are. And though we do not know the remote effect of a given medicine in the cure of a given disease, we do know, in the main, the immediate effect of its administration on particular parts or the great whole. Here again is a vast number and great variety of observed facts from which are deduced fairly and rigidly, governing general principles.

Or observe Pathology—the science of disease. Now, of *the essential nature* of disease we know no more than we do of the nature of the vital principle: but we do know a great deal of its mode of occurrence, the symptoms and signs by which it manifests itself, the changes it produces, and the laws regulating its progress and termination. Thus, as to most diseases the causes have been pointed out, the proportionate mortality established, the absolute and relative frequency disclosed, while the autopsy reveals an astonishingly large proportion of correct diagnoses. It is certainly

and sadly true, that the principles of diagnosis are very imperfect, and that their application is often unreliable and incorrect; but it is also true that its comparative certainty is under, rather than over-estimated.. Now see. Here is a nearly absolute knowledge of the structure of man; *much*, of the laws of his being and the healthful play of his organs; much, of the perversions of both structure and function; much, of the nature and effect of remedies; from which, it seems to me, there must result, of necessity, a partially reliable set of general principles regulating the management of disease, and *these*, corrected by observation and experience, personal and traditional, are the Science of medicine.

The second consideration refers to the *Art* of medicine. Some of the processes of this art are too apparent to be denied or misconceived. Take, for example, an accident by which an artery is severed; instantly the rich red current flows in exhausting streams, and the cheek grows pale, and the heart faint, and life ebbs rapidly away. By art, this current is dammed up, the hue comes back to the pallid skin, the muscles regain their wonted strength, the heart returns cheerily to its work, and the flickering spark burns again with a steady and genial glow. Or take an eye, which, by disease within itself, has lost the power of sight—from which a veil has shut out the glorious light of heaven, and shrouded the soul in darkness. A little needle introduced in the delicate structure of this organ, a few manipulations with a cautious hand, and lo, the veil is rent in twain, light re-visits the dusky chambers of the soul, and forms of beauty greet again the enraptured vision. Broken bones coaptated, dislocated joints reduced, deformities removed or remedied &c.; these strike at once the senses of every observer. But the processes of art in general are not so evident, and as to nearly every case it is impossible to estimate the influence of the treatment on the final result—no man knowing whether the remedies used, hinder or hasten the cure, prolong or shorten the life of the patient. But there is very clear and convincing proof, on a large scale, which absolutely sets at rest all doubts as to the *general* influence of the healing art. And this is found in two facts made known by records open to every man: First, That the

relative mortality has very materially diminished in the last two hundred years, to go no further back. It is true that civilization, and refinement, and increasing population, and over-crowding, have a decided influence in multiplying the number of cases of disease; and yet nothing is more certain than that their fatality has diminished; so much so, that, in that time, the relative mortality is lessened nearly, if not quite, one-half; and this is proved by hospital reports, by statistical mortuary returns, and by the concurrent testimony of physicians and historians. Second, That trials, specially with a view of investigating the effect of remedies, have been made on a very extensive plan, with the most gratifying results. For example: in large hospitals, daily receiving many persons, Pneumonia was taken, as a type of disease. This is a severe inflammation, attacking one of the most important and vital organs. For a series of years all the patients who came in were divided: some received no treatment, the others were subjected to it. Those who received none were as tenderly nursed and as carefully watched as the others; yet the proportion of recoveries among the latter was very decidedly larger than the former—although they were subjected to a routine treatment, without reference to modifying circumstances. The proportion, beyond a doubt, would have been considerably increased, if those medicated had received, each one, that particular combination of remedies, more especially adapted to his particular case. These two facts are indisputable, and certainly they have a deeper significance than grumblings of the uninformed about the inefficiency of art, or the sneers of those who pretend to say that Doctors do more harm than good. But I may go farther, and assert that not only is the *present* application of medical art one full of benefit to the human race, but that the *nett result*, as to the whole thing, sustains the claims of the profession. In other words, that not only is the practice of medicine the source of a great deal more good than harm now, but that the sum of its effects has been an aggregate of advantage to mankind; that the good it has done, and is now doing, over-balances the harm it has altogether caused. In noticing this point it would be sufficient, so far as the mere argument is

concerned, to throw the burden of proof on the other side, and demand *evidence*, after all, that it has been the source of so much evil. It is one thing to prove that a man is mistaken in his philosophy, and another thing altogether to show that he is wrong in his actions. The Physician *may* have false conceptions of *the nature* of the disease he has to deal with, and yet administer remedies which are well calculated to control it; and granting, therefore, that the theories of disease, formerly held, were incorrect, it by no means necessarily follows, that the practice of those holding these theories was murderous. I am willing to admit, however, that there is a great deal of false doctrine and a great deal of bad practice in medicine, and I acknowledge that oftentimes the Doctor does more harm than good, and that this was still more frequently the case formerly than now; in other words, I honestly believe, that with the best intentions, Physicians often do, and still oftener have done, an infinite deal of damage. But a little reflection will, I am sure, satisfy any man of the truth of the proposition here advanced. If one considers for a moment, a very striking fact bearing upon this point will immediately suggest itself to his mind, viz: that during the larger part of the world's history, art was entirely destitute of what are now its more formidable weapons—that many of those very substances which, as remedial agents, are capable of doing most injury, were then wholly unknown. Mercury, and its preparations, for example, were not introduced into practice until the time of Paracelsus; Antimony until some time in the fifteenth century; Prussic acid very recently; and so of others. So that if art lacked some of its present efficiency, it lacked also some of its *present capacity for evil*. Again, while we laugh now at the folly and absurdity of most of the theories which have prevailed heretofore, and with reason, deride the medical philosophy, and scoff at the doctrines held in the olden times, and felicitate ourselves on the vast superiority of modern practice, we are bound to acknowledge that as to some diseases, frequent in their occurrence and grave in their nature, the treatment is to this day little altered in its general scope or even its minute details.

But it is rather to some of the universal, wide-spread, and far-reaching benefits conferred upon mankind by modern medicine, that I wish to direct your attention, as confirmatory of this proposition. Let us take two diseases, not as the only, but as among the more striking illustrations of what medical science really has done. Each of them, though in a different way, makes the idea I wish to convey, perfectly intelligible. For the first, take small-pox. As it exists now, we hardly know what it once was. "One of the most fearful scourges of our race: loathsome and malignant in its character: but very slightly influenced or controlled by art, propagating and extending itself: multiplying and reproducing its contagious poison with a constancy and a prolific energy belonging to no other disease: attacking with a like remorseless fury all ages and all constitutions; the young and the old, the rich and the poor, the robust and the feeble; and when it failed to destroy, leaving behind it its disfiguring traces: limited by no circumstance of time or place, but prevailing throughout all seasons and in every climate. Such was this terror of princes and people." In England alone from 30,000 to 50,000 persons died *annually* of it, and in the whole world probably more than 500,000 were its yearly victims. Now, how stands it? The disease has become infinitely less frequent. It has been stripped in a great measure of its terrors. Besides being comparatively rare in its occurrence, it is much milder in its attacks and very much more under the control of art: and all this as the result of the introduction of vaccination—itself a triumph of true philosophy. So that it comes out, that by a single gift of science to the human race, more lives have been saved in the last fifty years, than have been destroyed by the terrible wars and bloody campaigns of that period. This is a stupendous achievement, without a parallel in any other science or art.

For the second illustration take *consumption*; one of the common, the most formidable and least controllable of all diseases; existing everywhere; attacking all classes; once firmly established, seldom, if ever, cured by medicine; destroying vastly more lives than any other disease to which the human race is liable. This constitutes a sort of standing reproach to medicine, and is certainly a fair representative, on

all these accounts, of what we term *incurable* diseases—maladies beyond the reach of art. Now in this very thing is found an illustration of some of the too little heeded conquests of science. At least three grand results have been accomplished as to this. First, Its diagnosis has been rendered positive. Though the organ involved cannot be seen, nor its actual condition inspected, yet the history of the case, the rational symptoms and physical signs determine its existence with an almost absolute certainty; a matter of great importance even if it were not at all subject to the influence of remedies. Second, This precision of diagnosis, may, in a large majority of cases, be attained in the incipency of the disease; a period when it is subject to such influence; when it may be arrested, if not extirpated. Third, The causes which give rise to it have been clearly pointed out; the causes which excite, as well as those which predispose to it. Medical investigation has resulted in showing not only what these causes are, but that they are in large part avoidable, and *how* to avoid them. The great frequency of its occurrence is not, therefore a reproach to science, but a commentary on the folly of man in disregarding her warnings. If he will not heed her monitions she is scarcely to be held responsible for the consequences. What she has done for this malady, and more, she has done for others, and absolutely, if *art* had no control over disease, science at least is entitled to respect and gratitude for the great hygienic truths it has announced and the great sanitary reforms it has worked. And herein, to my mind, consists a large part of the real glory of medicine.

I have thus given you some reasons for believing, First, that medical art does vastly more good than harm. Second, That as to all time, the good which it has done, more than balances the evil it has wrought. Now I wish to go still further and show you, that probably there has never been a period when its beneficial results did not exceed its injurious ones; that taking it at its lowest ebb, when it had the most absurdity in its doctrines and the most error in its practice, it had enough of soundness to counter-balance the one, and enough of truth to redeem the other. Of this, there can be, of course, no *satisfactory proof*; but sev-

eral considerations seem to me to make it very probable. First, *The law of compensation*, which manifestly, as a law, exists in the universe. I mean by this, that general provision by which disturbances of every kind, moral and physical, may be set at rest. I do not mean simply to say that there is no such thing as unmixed evil—for good in one way or another may come out of it always; but to express the belief that for every bad thing there is not only a consolation but a counteraction: that as to sickness, for example, in the providence of God, there is not only a reason, but a remedy. That such was the intention, is probable from the goodness of Him who cares for us all and who has deigned to call himself the Great Physician, even more than from the fact that throughout every habitable part of the globe, are found diffused articles which the experience of the world has shown capable of acting medicinally.

If this be not, of itself, sufficient, I would confirm it by the mention of two noteworthy facts, viz: The ancient date and the universal existence of the art of healing. No man can go back to its beginning. In all likelihood it is coeval with human suffering. Feeble and unsatisfactory, necessarily it must have been for many a weary, groaning century—a mere collection of isolated experiences, themselves, possibly, wholly unreliable: rude and conjectural, but yet an art—having a record of its own to the remotest times, in every corner of the earth. Among the Egyptians, before the birth of Abraham; among the Jews, as a part of their earliest ceremonial law; among the Greeks and Romans, as one of the highest duties of their priests; among the Chaldees, long before the glories of Babylon; among the Indians of this country, cut off from all communication with the old world; in the most distant countries and the most ancient periods, there have always been found the rudiments of this art. No spot of earth, inhabited by man, has ever been discovered where it did not exist to a greater or less extent. The antiquity and the universality of the thing are a testimony to its value not lightly to be discredited. Strongly confirmatory of the same point is another fact, even more pregnant with meaning, viz: the confidence universally reposed in it, and the estimation in which its followers have always been held. It is

true that some persons wholly deny its efficacy ; but they are very few in number; and I am sure I speak the truth when I tell you, that even in this age of enlightened skepticism, there is in the popular mind, a strong and unwavering faith in the resources of art, and the skill of the Physician. Now it seems to me a thing almost incredible, that this sentiment should have always and everywhere existed, if it were based on a shadow instead of a substance. I know very well, that what we call public opinion is far from being always trustworthy. I know that mankind, in the aggregate, may be deceived like men individually. *Vox populi, vox Dei* is the cry of demagoguery, and not the teaching of philosophy or experience. But if a man may not *lightly* set aside public opinion, on what principle can he reject as untrue, and unworthy of belief, the concurrent testimony of the whole world, as to a thing taking place daily and hourly, immediately under its observation? If the benefits rendered by art to humanity are but the "baseless fabric of a vision," what is the source of the confidence reposed? What is the explanation of the uniform appeal to the Physician when sickness occurs? How is it, and why is it, that in all times the Physician has been looked to at the bedside as the veritable oracle? How is it that a little word from him shrouds in sorrow and in gloom the family circle, or makes its every pulse throb with joy? Why has it ever been, that

" At his approach, complaint grew mild,
And when his hand unbarred the shutter,
The clammy lips of fever smiled
The welcome, that they could not utter."

Why is it that the mere office of a Physician is a passport to respect? and that he always, as such, ranks among the first in general esteem? The ancients worshipped the Goddess of health, and cherished the priests who ministered at her altars; and if there has ever been a time when Practitioners of the healing art had not, as a class, the respect and esteem of the world at large, it was during that period well named the "dark ages," when the ministers of God were contemned, when the interpreters of law and the advocates of justice were despised, and when a man of gentle birth and noble blood, considered the accusation of being

able to read and write, the foulest aspersion that could be cast on his character.

The last suggestion I desire to make in this connexion is the argument drawn from the personal character of the men composing the great body of the profession. I am not disposed, gentlemen, to pass any eulogy upon the character of Physicians. I certainly might do so with truth, and with propriety. With truth, because they deserve it; with propriety, because the glory of the body is a just heritage of every member of it. But no one will deny that, in the mass, they are intelligent, well-informed, capable and honest; and if this be so, how is *their* testimony to be discredited? They have more opportunities of testing the value of treatment; from the nature of their studies and pursuits are better qualified to form a reliable opinion as to its results—and certainly they possess an average amount of candor. Now if there does not a far greater sum of benefits than of injury come out of the practice of medicine, then the common voice of the world is mistaken, and the vast majority of practitioners are either huge self-deceivers, or egregious hypocrites.

One member of our profession—an American by birth—Dr. Wells, whose name is so inseparably connected with the discovery of the true philosophy of dew, in his famous letter to Lord Kenyon, in regard to the Royal College of Physicians and Surgeons, draws a portraiture of an eminent English Physician, a model to his brethren, an ornament to his profession, and an honor to his race—Dr. William Heberden—the justice of which his cotemporaries acknowledged by acclamation

“Were I, my lord,” he writes, “possessed of talents adequate to the undertaking, I should here endeavor, at full length, to describe that illustrious man. In this attempt, I should first mark his various and extensive learning, his modesty in the use of it, and his philosophical distrust of human opinions in science, however sanctioned by time or the authority of great names. I should then exhibit him in the exercise of his profession, without envy or jealousy; too proud to court employment, yet undervaluing his services after they were performed; unwearied even when a veteran in his art, in ascertaining the minutest circumstances of the

sick, who placed themselves under his care; taking nothing for granted that might be learned by inquiry, and trusting nothing of importance that concerned them to his memory. To demonstrate his greatness of mind, I should mention his repeatedly declining to accept those offices of honor and profit at the British Court, which are regarded by other Physicians as objects of their highest ambition, and are therefore sought by them with the utmost assiduity. I should afterwards take notice of his simple, yet dignified manners, his piety to God, his love for his country, and his exemplary discharge of the duties of all the private relations, in which he stood to society; and I should conclude by observing, that his whole life had been regulated by the most exquisite prudence, by means of which his other virtues were rendered more conspicuous and useful, and whatever failings he might, as a human being, possess, were either shaded or altogether concealed."

Men like this, gentlemen, are not apt to be so grossly deluded, or to make their lives a standing lie.

I do not claim, nor does anybody else, who has any sense, or any knowledge of the matter, that this science is exact, or this art faultless with even the wisest of men. Such is very far from being the truth, and it is one of your most glorious privileges, as well as one of your highest duties to attempt the improvement of both. No man can fairly deny their great superiority, *at present*, as compared with the past: no man can reasonably doubt a corresponding, or far exceeding superiority *in the future*, as compared with the present. Whether or not you have any share in this great work, depends wholly upon yourselves. Labor, study, thought, energy are no more wasted in your profession than elsewhere. If your affection be true, your devotion constant, your attention ceaseless, science will bestow in return her most cheering smiles, her sweetest caresses, her choicest tokens of endearment. She will be to you a companion more beautiful and a mistress more fruitful than the golden-haired Evangeline, of whom it is said,

"Sunshine of St. Eulalie, was she called, for that was the sunshine,
Which, as farmers believed, would load their orchards with apples:
So she, would bring to her husband's house delight and abundance,
Filling it full of love, and the ruddy faces of children."

Without these qualities you can expect to become—nothing. It is a *sure* thing, that you will not become *great* Physicians, without labor, diligence, and perseverance—continuous labor, ceaseless diligence, and untiring perseverance. It will not do to be careless and indifferent; lest the Genius of art point at you its scornful finger, and quote the divine curse to the church of Laodicea: “I know thy works that thou art neither cold nor hot—I would thou wert cold or hot. So then because thou art lukewarm, and neither cold nor hot, I will spue thee out of my mouth.”

But if you devote yourselves in singleness of purpose to this great work, and bestow upon your profession that time and that labor of which it is worthy, the strong likelihood is that you will reflect back honor on your Alma Mater, who now honors you, and who, from this night watches over you with a tender solicitude, ready to rejoice in your glory as she must drink the bitter cup of your disgrace; and make her old familiar face glow with exultation as she beholds that same Genius writing your names upon the scroll of fame, in letters of living fire. And if, in the orderings of Providence, you do not achieve those things for which you strive so hard, you will at least receive the approbation and respect of your conscience, and hear that just judge within you, whisper consolation sweeter than that

“Nectarous breath of summer
Which earth sends upwards to her lord, the sun,
When he kisses her cheek at parting.”

ON THE TREATMENT OF PNEUMONIA.

BY S. AMES, M. D., MONTGOMERY, ALA.

The solution referred to in the prescription, is a saturated solution in anhydrous alcohol, diluted by nine additional parts of alcohol. This diluted solution is preferred for several reasons: It is not liable to undergo waste or change from exposure to the air like the stronger solution, which gives out a vapor of phosphorous every time the vial containing it is opened, this vapour, combining with oxygen of the atmosphere, forms hypo-phosphoric acid, a part of which being absorbed into the solution, may, to some extent, alter

its medicinal as well as its chemical qualities. The weaker solution mixes better with water, and the dose for children, as well as adults is more easily regulated with it. This last consideration, it will be seen presently, is of great importance. The dose recommended, is the smallest that I am in the habit of using, and is the one I prefer after many trials of larger ones. Authors recommend the oily solutions to be given in doses of from two to ten drops. Each drop containing about the one-hundred-and-fiftieth of a grain, the dose is found to vary from the seventy-fifth to the fifteenth of a grain. In these doses, small as they may seem, it is spoken of in many instances, as a dangerous and uncontrollable remedy, and cautions against mischief from it are everywhere numerous, urgent and impressive. Dr. Chapman, referring to doses of a sixteenth of a grain, says—"Whatever may have been the degree of its utility, this appears to be fully balanced by the hazardous nature of the medicine, and the positive mischief which is acknowledged to result from it. Even in the very small doses of the prescription above, though always safe, and generally free from any unpleasant consequences, it occasionally produces some very sensible effects on the head and stomach. Given in what I suppose to be the minimum dose of authors, the seventy-fifth of a grain, these effects, according to my experience, are not only frequently produced, but with such additional activity as to require the suspension of its administration, and the dose on renewing it to be greatly reduced. The same thing is occasionally true of doses of one-fourth the quantity. Dr. John McLester, Dr. Taylor, Dr. Hinkle and Dr. Oliver, all of whom have witnessed its effects, in doses varying from half a drop to two drops of the saturated solution, (from five to twenty drops of the diluted solution,) concur with me in the opinion, that the medicine cannot be continued in the smallest quantity just mentioned for any great length of time without inducing considerable disturbance of the stomach, shown by nausea or vomiting, burning heat and a feeling of oppression at the epigastrium; and that in the larger quantity, though a single dose, or perhaps a few doses, may be given with impunity, it cannot be continued for any great length of time with ordinary, or at least with a proper exercise of prudence. If therefore we suppose, as is probable, that anhydrous alcohol will hold in solution as much phosphorus as the æthereal or other oils, it is seen that the minimum dose of authors is much too large for ordinary use in diseases that require a frequent repetition of remedies, and that much watchfulness is required to render it even safe. So far in regard to its activity merely, but in estimating the proper dose, several other things require to be taken into consideration, having reference to certain peculiarities in its operation: First,

the eccentricity of its action as a poison; thus while it is said on good authority to have been given, at times, in doses of several grains without doing serious mischief; at other times less than one-tenth of a grain (six milligrammes) has been known to prove fatal.* Secondly, its effects are cumulative; that is to say, a dose which singly is not large enough to produce any sensible effect, may become very troublesome, or even dangerous after several repetitions, at intervals of three or four hours; this quality was devolved in one instance by repeating it, in a dose of two drops of the strong alcoholic solution, three times, at intervals of twenty-four hours.— Thirdly, unlike most other therapeutic agents, its medicinal and its toxicological action are, in a certain degree of the development of the latter, antagonistic; so that in proportion as its toxicological powers are brought into active exercise, so are its medicinal virtues diminished, and thus it is found that its curative effect is not in the ratio of the quantity administered, except within much narrower limits than are prescribed for other poisonous remedies. It may be concluded, therefore, from all that has been said, that if it be desirable, as in this instance it certainly is, to obtain the curative, without danger of developing the poisonous properties of this agent, the first object can be very surely attained by giving it in nearly the doses recommended, small and even minute as they certainly appear, when the activity of the poison is not fully appreciated, while the evil can be hardly avoided by giving it in much larger ones.

In dwelling so long on this subject of the proper medicinal dose of phosphorus, I have been influenced by the noble conviction, in the first place, of its great value as a therapeutic agent in other diseases, as well as in the one now under consideration; and, in the next place, of the facility of doing mischief, by a careless or improper use of it. There is another reason: Both the nature of the remedy, as such, and the limits of safety in giving it, have hitherto been greatly misunderstood, and consequently greatly misrepresented; a matter which I shall have occasion to refer to again presently.

If the medicinal qualities of aconite adapt it more especially to the first stage of pneumonia, so, it may be said, those of phosphorus recommend it more particularly in the second and third stages. Given alone in the first stage, it is occasionally effectual in arresting the further progress of the attack, but cannot be depended on for this purpose with nearly

* Cazenave But this author thinks that in all cases in which such large doses have been given without harm, the article had undergone some change in its chemical state, which rendered it inert "Si l'on a pu dire qu'il a été administré avec innocuité à la dose de 3, 4, 5 et 6 décigrammes, on dit croire que, dans ces cas, il y avait décomposition et change dans son état chimique." My own experience of its effects most certainly leads to the same conclusion.

the same confidence as aconic alone. More frequently it does not prevent the second stage from forming, and decided signs of amendment are commonly deferred to the fifth or sixth day. While either phosphorus or aconite, within my experience, is more efficient in either the first or second stage than any other single remedy, it is nevertheless desirable to obtain their combined action, as being more efficient than either separately. In regard to the value of phosphorus in the third stage, I can speak only from a very limited observation, and that chiefly in cases under the treatment of others; but so far as this goes, the result has been highly favorable.

In concluding what I have to say of phosphorus, I wish to add a few words concerning its therapeutic qualities and what I conceive to be the mode of its operation. In doing so, I hope to place this article in class with those articles of the *Materia Medica* with whose qualities it is most closely assimilated, and where, consequently, it properly belongs.

Phosphorus certainly acts as an expectorant, with great promptness and efficiency in pneumonia and bronchitis, in some forms of asthma, and in the bronchitis of asthmatic subjects. It is also an effective remedy in irritation about the neck of the bladder; in chronic or subacute inflammation of the inner membrane of the urethra and bladder; and also, as a diuretic in dropsy. Its action on the lungs seems, from its effects, to be directed especially to the minute bronchial tubes, and the air cells; and in inflammation, more especially to the capillary vessels than to the heart. In all this we recognize a kind of speciality in its operation, which likens it to a number of medicines, such as mercury, cantharides, digitalis and others, which seem in the same manner to act on certain organs, parts of organs, or secretions, in preference to others. - But we may, I think, proceed a step further, and inquire into the mode of its curative action.

It is well known that under certain circumstances the remedies for inflammation are required to be of a stimulating nature, not merely locally, but generally, and may be required to be of the most active and diffusible kind. It may be added, that in one point of view, nearly all the most efficient remedies for inflammation are stimulants. The pathology of inflammation explains this seeming paradox. The phenomena of inflammation are now known to be derived from an engorgement, or "repletion in excess" of the capillary vessels carrying blood; the repletion being itself dependent on a deficiency in the organic, contractile force, which in health propels the blood, in part at least, through these vessels. This force is to a considerable extent regulated (not imparted) by the nervous influence carried along the nerves distributed on the vessels; consequently the organic force, under influences derived from the nervous system may be impaired, or aggra-

vated, or possibly otherwise disturbed by causes acting either generally through the nervous centres, or locally on the nervous filaments themselves. Now, in this view of the proximate cause of inflammation, (engorgement of the capillaries) its immediate antecedent being a deficiency of contractile force in the capillaries, remedies for inflammation ought to be stimulants, at least in their local action on the part inflamed. This is indeed true of nearly all the so-called contra stimulants, and would be true of all remedies for inflammation, if the organic force of the capillary vessels were the only force concerned in circulating the blood. Taking, however, the contractile power of the heart into consideration, we have to add to the list some remedies, active and efficient ones too in some circumstances, which are in no sense stimulant. These act exclusively to reduce the injecting force of the heart; and these alone, therefore, in a pathological classification of remedies for inflammation, can be ranked as pure sedatives. The list of this class is small; blood-letting being its best representative, and *veratrum viride*, and *digitalis*, probably next in rank. Leaving these out of consideration, because the received views of the pathology of inflammation being admitted, their operation must be indirect, and merely adjunctive to the others, we may, for the purpose of better understanding their relation to this branch of pathology, divide the others into three classes.

The first that I shall mention belong to the diffusible stimulants. Their operation is on the nervous system generally, increasing by this means the energy of the action of the heart, and of the secretions, and at the same time augmenting the power of voluntary muscular contraction. They have no especial local action on the capillary vessels; or if any, they tend rather to relax them. They are applicable only in those states of the system, where local inflammation co-exists with a depression of vital power, a deficient action of the heart, and of the nervous force of the capillaries; the organic force of the latter remaining normal, at least in its capacity to act. They are injurious in all cases of inflammation where the injecting force of the heart is equal to the propulsion of the blood through the capillaries in their normal state; the *vis a tergo* imparted by them in such cases increasing the repletion, while the agents themselves exert no compensating effect on the local organic force of the capillaries. In this respect they differ from the class next to be spoken of. The best representative of this class is alcohol.

Those of the second class are also medicines which stimulate the nervous system generally, and through it the heart's action also, but moderately, but at the same time have an especial action on the organic force of the capillary vessels. Thus the local nervous power, stimulated through the nervous

centres, and the stimulous of these medicines to the organic force of the capillaries co-operate in doubly compensating for the disadvantage of the slight additional injecting force of the heart imparted by them. This class includes a great number of individuals, and may be subdivided into several groups, as first tonics, quasi stimulants, such as mercury, iodine, colchicum and others; secondly, narcotics; thirdly, the pure tonics; and lastly, some of the astringents.

The third and last class consists of such medicines as combine the properties of a sedative to the heart's action, and of a stimulant to the contractile force of the capillaries. These properties make them, as they have proved to be in practice, espically applicable to and efficient in acute inflammation and fevers; though applicable in all cases whether chronic or acute, in which the vital power, and the force of the heart's action are equal to, or above the standard of health. In this class may be placed in the order of what I conceive to be their relative value in acute inflammatory affections generally; first *aconite*; secondly, *antimony*; thirdly, *phosphorus*; fourthly, *quinine*. *Aconite* takes precedence of all others, because, so far as my experience goes, besides its greater efficiency, its application does not require to be limited by any peculiarities in its operation, nor by the character of the organ affected. It is proper to add, in connection with this last remark, that my experience in its use is limited to inflammation of the brain and its meninges of the throat, of the lungs and pleura, peritoneum, intestinal mucous membrane, whether attended with dysentery or diarrhœa, rheumatism, chronic and acute, rheumatic gout, erysipelas, acute cornitis and conjunctivitis. *Antimony* comes next in order, because so far as anything is known of phosphorus, the former has the advantage of being available in a greater variety of inflammatory affections, although it is believed to be much less efficient in those to which both have been successfully applied. *Phosphorus* is put in this class solely because of my own experience, and that of a few others, of its immediate sedative, or contra-stimulant influence on the general circulation, when given in a dose large enough to produce any sensible influence of any kind on the action of the heart, but still not large enough to excite inflammation or a high state of irritation of the stomach and bowels. Its sedative or contra-stimulant, is its medicinal or therapeutic effect. Its poisonous effect is the reverse of this, namely, highly stimulant by reason of the local inflammation it excites. In this way is brought about the antagonism between its effects in large and small doses. There is a point at which it ceases to be medicinal or sedative, and becomes poisonus or stimulant.— Thus it is not possible to produce by it the extreme depression which follows large doses of *aconite*; for when the dose

is enlarged for this purpose beyond a certain point, a new and opposite action is immediately set up, by which the power is lost or merged in the local inflammation and its concomitant influence on the nervous system and the general circulation. In pneumonia it is not often that the quantity in which I usually prescribe it exerts any immediate influence in reducing the frequency or force of the pulse. Its action is more slowly developed in this respect than either of the other remedies included in this division, but at the same time its remedial influence is more certainly and uniformly obtained than that of antimony or quinine, and hardly less certainly than that of aconite.*

The reader is aware, no doubt, that the properties here ascribed to phosphorus do not accord with those ascribed to it by the profession generally. It is said by all those who have published an opinion about it, so far as I know, to have no other therapeutie qualities than those of a diffusible stimulant of the most active kind; and I suppose the impressions of nearly all others who have given any attention to the matter, accord with what has been published about it. Perhaps the only exceptions are to be found among a few professional gentlemen near me, who, guided alone by their own experience, concur with me on this point. And here, in alluding to this discrepancy, I wish to say, that I am fully sensible of the responsibility of uttering as a new medical fact, that which is opposed to the standard authorities in medicine, and to the established opinions of the great mass of the profession.—Certain, however, of the correctness of my own observations, to say nothing of those of my professional friends just alluded to, whose capacity to observe and truthfulness do not, to my conception, admit of a shadow of doubt, I have no hesitation in stating the result of those observations, being satisfied that a more widely extended experience can but the more certainly correct the common error. This common error, as I have unhesitatingly assumed it to be, is a remarkable one, and deserves, I think, something more than a passing allusion to it. It is remarkable in this, that relating to a matter of fact, viz., the medical properties of a remedy; one of pure observation, or at least, one which could truly be derived only from observation, it had its origin in a community of scientific observers, obtained universal credence among them, and

*Two young gentlemen, my personal as well as professional friends, have been recently engaged in some experiments to test the effects of phosphorus on persons in health, they themselves being the subjects of the experiments.—These gentlemen (Dr. Pollard and Dr. Oliver) found that a single dose of two drops of the saturated alcoholic solution invariably reduced the force and frequency of the pulse. The changes in frequency ranged in the number of pulsations to the minute between eight and twelve beats. A change was perceptible within about twenty minutes, which reached its maximum in from an hour to an hour and a half.

has held its place there through several generations unquestioned; in this time a great deal has been written about it, and of course a great deal observed, such is the inference, and thus it has all the time been liable to instantaneous correction, without having been corrected. But is the mistake really one of observation as it appears to be? Let us see if the medical history of phosphorus does not afford some explanation less discreditable to medical experience, and to medical authorities?

And first as to the way it was introduced. No one, it seems to me, can read much of what has been written on phosphorus without coming to the conclusion, that its medical action had not been studied with the caution required by the nature of the agent, nor with the care due to the successful introduction into practice of any new remedy. On the contrary, it appears to have been rather suddenly introduced, soon after its discovery, not on account of any observations, accidental or otherwise, of its medicinal virtues, but rather from a priori considerations connected with its ascertained poisonous properties, and its inflammable nature as a chemical agent. As a poison it is a stimulant; as a chemical agent it is highly inflammable. The reader will remember that the principle of *phlogiston*, (to inflame,) existing in dead matter, and that of inflammation in living matter, were held to be identical. Now as phosphorus contained more of this principle than any other substance in nature, and observing its effects as a poison, it was natural enough to suppose it to be an active stimulant under all circumstances, capable of imparting its *phlogiston* to the living body, and thus to excite an active *phlogosis*, or inflammation, local as well as general; it was in fact inferred, a priori, both from its combustible or inflammable nature, and from the symptoms induced by poisoning with it, to be a powerful *phlogistic* agent. Such, in brief, seems to have been the reasoning; and the conclusion thus obtained could not fail to be confirmed by the experience obtained by the mode in which it was administered; and thus what is known of it has come down to us with a prestige of authority, which in appearance is hardly questionable, and still confirmed, no doubt, by later and later experience to this time. In truth it could not be otherwise, so long as physicians acted under the weight of subsequent authority, which supports the original opinion of its properties. Being prescribed, or recommended, chiefly, perhaps only, in those states of disease which required or was supposed to require active diffusible stimulants, the quantities necessary for exciting this condition were given. The consequences were deplorable; but at the same time, the fault seems to have been, not in observing wrongly, but in binding down the observations to a hasty and altogether untenable

hypothesis. Latterly, since the article last went out of use, the opinions of the older authors appear to have been blindly copied by their successors; or if their truth has been tested, it has been under the same influences, with the same object, and in the same doses. On the whole, therefore, I think it may be safely concluded that the true properties of phosphorus have never been put to the test of unbiassed observation, by any considerable number of physicians.

In view of the dark episode in medical history exhibited in the use of this medicine, we are not permitted, therefore, to wonder that the hopes excited by the hypothetical notions entertained of its qualities were never realized, nor that its use was speedily abandoned after a first trial; nor for a moment to regret, that, taken up again and again with renewed energy and hope, but on the same insufficient and deceptive grounds, it was again and again abandoned as an unruly and dangerous remedy. The whole of the brief history of its use and abandonment is indeed highly instructive; furnishing as it does, an example of a pure a priori and rational practice carried out more speedily and palpably than any other on record to its legitimate results; first unmeasured injury to human health and life; then the abandonment of the remedy (or treatment,) and finally the explosion of the hypothesis which afforded the deductive authority for its employment.

Quinine constitutes a very important part of the treatment of pneumonia in this climate. If it be sometimes inefficient, it is also at times indispensable. In an affection simply inflammatory, as I suppose pneumonia usually is in cold climates, and often is in this, though never a tonic or stimulant in any dose, its sedative influence is too feeble to be available for much good; and if such cases could always be distinguished, quinine might very well be dispensed with in them. On the other hand, when a malarious taint is an obvious complication, or when the pulmonic disease seems, as it were, engrafted on an intermittent fever, no other remedy can be so confidently depended on. But this taint may exist, while the signs of it are so masked as to be detected with great difficulty. The excess of fibrine in the blood, the violence of the local inflammation, and the exalted state of the innervation, may overcome the tendency of the cause of periodical fever to manifest itself in the usual way. To this it may be added that in this latitude, whenever intermittent fever is endemic, there is more or less of periodical disease in every season of the year, assuming most frequently the form of fever, but often of other forms of periodical disease. Residents of such localities are, in fact, all the time subjected to the influences out of which proceed a class of diseases, *a quinquina*, as the French have it, which are amenable to treatment by the bark and its preparations. Hence, it becomes a safe rule to begin

the treatment of pneumonia in malarious districts (so called) by making quinine a component part of it. My custom therefore is to give it in the manner above specified, until its peculiar effects on the head become very well marked, and if the signs of amendment are not then satisfactory, or such as may be properly attributed to the quinine; to discontinue it, and give the aconite in water.

Blisters are also important adjuncts in the treatment of pneumonia. Systematic writers, drawing their experience from places north of 36 degrees of north latitude, in this country, and in Europe, are almost unanimous in proscribing blisters before the violence of the inflammation is subdued by bleeding, or has worn itself out. Here, however, in pneumonia, as well as in other inflammatory diseases, this rule is reversed. Blisters are found to be most beneficial applied in the first stage of pneumonia, and the earlier the better. So applied, they never seem to produce any general irritation, are prompt in relieving pain, and, there is reason to believe, assist in resolving the local inflammation.

Morphine (or opium) besides its occasional use as an anodyne merely, is introduced in the plan of treatment in order to effect two special objects. One of these is to prevent any irritation of the bowels, or to remove it if present. We have seen that the tendency of the disease is to take on this kind of complication, which, when it occurs, always aggravates the danger of an attack, as well by its unfavorable reaction on the primary affection, as by the presence of disease in two vital organs instead of one. The predisposition to an enteric complication is sometimes so strong as to be developed into active disease from very slight causes; even quinine, slightly irritative as it is, may produce this effect. Hence the advantage of combining the opiate with it, and of so timing the doses of the opiate as that its quieting effect on the bowels may be continuous. One of the effects of this mode of administering the opiate is, to secure a constipated state of the bowels, which I think is always desirable. The rule being to keep the bowels quiet, cathartic or even aperient medicines, form no part of the treatment. If a diarrhœa happen to complicate the attack from the beginning, the treatment for the primary affection is usually found sufficient to remove it very soon; otherwise I interpose a few doses of the acetate of lead and opium.

The other object is to prevent inflammation of the pleura. This complication, at least in an active state, is by no means common in the beginning of an attack, although a predisposition to it is very common. Thus, while my notes show but one instance of a pleuritis marked by physical signs in sixty-eight cases, the predisposition to it, evinced by acute pain, was evident in nearly the whole number. It is not, therefore,

as I conclude, at the beginning, that a pleuritis occurs in pneumonia, but some time afterwards in the course of an attack. So strong, however, is the predisposition, and so frequently is it developed under the usual treatment, that very few dissections are made after death from pneumonia, which do not exhibit the evidences of it. This is, indeed, so much the case, that Andral proposed to prefix the word *pleuro* to pneumonia, for its common name. I find also that other authors come very nearly to the conclusion of Andral, that pleuritis is an essential part, or an invariable complication of pneumonia. Nevertheless, the fact is that the physical signs of pleurisy are very seldom exhibited in the beginning of an attack. A pleuritic pain, however, is seldom absent. This pain is, for the most part, in the first stage, (perhaps always in the absence of the physical signs of pleurisy,) a pleurodynia merely.—This may depend on a repletion of the capillaries, not yet amounting to inflammation, or at least not active enough to produce the products of inflammation, but enough so to excite a painful irritation in the nerves; or, which I think more probable, the relation may be reversed; the capillary repletion, and the consequent development of an active inflammation, being dependent on a precedent irritation of the nerves. However this may be, the presence of acute pain is a sign of the predisposition, and the severity of the one is ordinarily the measure of the strength of the other; while on the other hand, the removal of the pain may be depended on, as a general rule, as the evidence of the removal of the predisposition also. That is to say, speaking only from my own experience, whatever will remove the pleurodynia permanently, its cause going with it, will also remove the disposition to pleuritis. Hence, I have been disposed to look on the pain of pneumonia as a most important object to be cared for, independently of the suffering from it, and to regard opiates as a most important adjunct in the treatment; if for this reason alone, that it is more efficient in removing the pleurodynia of pneumonia than any thing else in common use.

By the judicious use of opiates, then, we expect with confidence to ward off two sources of difficulty in the treatment, and of danger in the result. Occasionally, however, the additional aid of a blister may be required; when this is the case, the blister should be applied, not over the seat of the pain, for this may be in the side not otherwise affected,* but over the seat of the inflammation of the pulmonary parenchyma.

Of the advantages of opiates in alleviating the feeling of restlessness and malaise, in mitigating a violent and harassing cough, in quieting an oppressed and hurried breathing,

*See note to case 50.

and in procuring timely sleep, in this disease, I need not speak, inasmuch as the name of opium is associated in the minds of physicians with all such kindly, and to a certain extent, curative influences. The fears so often expressed by systematic writers in regard to the use of opiates before the acute febrile excitement is subdued, and the apprehension of their aggravating the inflammation by checking expectoration, seem to me altogether unfounded; except, indeed, as regards the latter, under the following circumstances:

It sometimes happens that, late in the attack, usually after the seventh day, a copious expectoration sets in, which is evidently a secretion from the larger bronchial tubes; at least it resembles such a secretion, and not that which previously took place, being white, frothy, and only slightly glutinous; it is discharged in considerable quantities by an almost incessant cough, which is accompanied by a loud and coarse mucous rale, and a feeling of suffocation; at the same time the face is pale and anxious, and the pulse small and quick. I have for some years looked upon this state of things as denoting a favorable crisis, and experience has taught me that it is not altogether safe to interfere with it by opiates at or near the beginning of it. After a few hours the expectoration may be safely stopped, and then is not likely to return in excess, which it will do after the effect of the anodyne has worn off, if checked too soon. In all other circumstances, opium is, within my experience, a safe, highly useful and pleasant adjunct, the more valuable and efficient when the inflammation is most acute.

The results of the treatment here recommended are shown in the annexed table, which is a record of all the cases of pneumonia treated by me during the last four years, including also all that were treated by Dr. John McLester while associated with me in practice, in 1849 and 1850. In noting the cases, the rule was followed of excluding all cases of disease of the lungs in which the diagnosis of pneumonia could not be clearly made out, as well as those in which the pulmonary inflammation was not the primary and predominant disease. For example: Those cases which we occasionally meet with among children, in which the predominant disease being bronchitis, some inflammation of the pulmonary parenchyma may be suspected from the rapidity of the breathing, and some peculiarities in the expression of the countenance and in the character of the cough; but the physical signs of this affection are absent, and there is no visible expectoration to guide us in the diagnosis; somewhat similar cases occurring among adults, in which, as in children, we may suspect the existence of pneumonia, chiefly from the frequency of breathing, but there are neither the physical signs nor the characteristic sputa to justify it; the pneumonia, if present, being

[illegible]

STATISTICS OF PNEUMONIA, AND THE RESULTS OF TREATMENT.

Names.	Number.	Age.	Male.	Female.	White.	Black.	Date of Attack.	Date of First Visit.	Discharged.	Deaths.	Days of Treatment.	Duration of Disease.	Seat of Disease.	First Stage.	Second Stage.	Remarks.
1849.																
Westcott,	1	4m's	1			1	Apr. 25	April 29	May 2		4	8	Upper lobe of left lung, anteriorly.		1	
Pitkins,	2	5y's	2		1		May 7	May 7	" 9		3	3	Right lung, lower lobe.	1		
Larkin,	3	3		1		2	June 7	June 10	June 15		5	8	Left lung, lower lobe,		2	
Amason,	4	26	3			3	Aug. 5	August 8	August 8		3	4	Right lung, lower and middle lobes.	2		
Freeman,	5	4	4			4	Sept. 2	Sept. 3	Sept. 7		5	6	Right lung, lower lobe.		3	
Wood,	6	22		2	2		Oct. 24	Oct. 25	Nov. 10		17	18	Double, claviclar and sub-clav. region of both lungs.		4	Pleuritis in right claviclar and subclavicular region, the loudest frietion sound being under the clavicle. Parturition six weeks before the attack, pale, sallow and anasareous. Bellows murmur in right side of heart, which persisted after recovery. Had been subject for several years to occasional attacks of rheumatism.
Graham,	7	36	5			5	" 31	Nov. 1	" 12		12	13	Right lungs, lower and middle lobes.		5	Delirium tremens after fourth day.
Vandever,	8	3	6			6	Nov. 1	" 3	" 9		6	8	Right lung lower lobe.		6	
Wood,	9	22		3	3		Dec. 16	Dec. 16	Dec. 25		10	10	Left lung, entire.	3		
Stewart,	10	3	7			7	" 25	" 29	Jan'y 2		5	8	Left lung, upper lobe, posteriorly,		7	
1850.																
Whiting,	11	58	8			8	Jan. 1	Jan'y 2	" 10		10	11	Right lung, upper lobe.		8	Had been drinking to excess some days before the attack.
Larkin,	12	3	4			9	" 3	" 3	" 5		3	3	Right lung, upper lobe, posteriorly.	4		
Allen, Alfred,	13	15	9			10	" 15	" 23	" 25		3	11	Left lung entire.		9	
Allen, Anthony,	14	14	10			11	" 19	" 23	" 25		3	7	Right lung, middle and lower lobe.		10	
Wescott,	15	20		5	4		" 25	" 26	" 28		3	4	Left lung, claviclar and sub-clav. region.		11	
Hobbie,	16	55		6	5		Feb. 5	Feb. 6	Feb. 16		10	11	Right lung, middle and lower lobes.		12	
Westcott,	17	20		7	6		" 9	" 12	" 15		4	7	Right lung, sub-claviclar region.		13	
Chisholm,	18	28		8	7		" 10	" 10	" 20		10	10	Right lung, lower lobe.		14	
Taylor, Tom	19	48	11			12	" 11	" 13	" 22		10	12	Right lung, entire.		15	Preceded by cholera seven days—succeeded by hepatitis and jaundice.
Taylor, Rose,	20	20		9		13	" 13	" 13	" 22				Right lung, lower and middle lobe.		16	
Taylor, Jack,	21	35	12			14	" 14	" 16	" 20				Right lung, lower lobe.		17	
Figh,	22	40	13			15	" 13	" 15	" 18		4	6	Right lung, claviclar and sub-clav. region.		18	
Freeman,	23	50	14			16	" 14	" 16	" 20		5	7	Right lung, lower lobe.		19	
Allen,	24	45	15			17	March 5	March 11	March 17		7	13	Right lung, upper and middle lobes.		20	
Hayne,	25	40	16			18	" 12	" 17	" 20		3	8	Double, lower lobe of left and lower, and middle of right.		21	
Laprade,	26	54		10	8		" 14	" 16	" 20		5	7	Right lung, upper lobe.		22	
Fair,	27	4	17			19	" 16	" 19	" 25		6	9	Right lung lower lobe.	5		
Gilmer,	28	26	18			20	" 18	" 20	" 24		4	6	Right lung, lower robe.		23	
Whittaker,	29	33		11		21	" 25	" 27	April 6		10	12	Double, lower lobe of both lungs.		24	
Thorington,	30	30		12		22	April 1	April 2	" 7		6	7	Right lung, lower lobe.		25	
Taylor,	31	44	19			23	" 11	" 13	" 15		3	5	Right lung, lower robe.		26	
Pitkin,	32	2		13	9		" 8	" 10	" 12		2	4	Left lung, lower lobe,	6		
Pryor,	33	60	20			24	Oct. 28	Oct. 29	Nov. 3		6	7	Right lung, lower lobe.		27	

Bardwell,*	35	32	21		26	Jan'y	9	Jan'y	14	Jan'y	16	1	3	8	Double, lower and middle lobes of right and lower lobe of left.	29	Treated the first five days by a steam
Wilkinson,	36	26	22		27	"	27	"	28	Feb.	5		9	10	Right lung, lower lobe.	30	doctor.
Randell,	37	22	23		28	April	2	April	3	April	7		4	5	Right lung, lower lobe.	31	
Harris,	38	6	24		29	Sept.	16	Sept.	17	Sept.	23		7	8	Right lung, upper lobe, posteriorly.	32	
Eekels,	39	47		15	10	Oct.	20	Oct.	22	Oct.	30		7	10	Left lung, lower lobe.	33	Preceded three days by severe cephal-
Pitkin,	40	10		16	11	Nov.	14	Nov.	16	Nov.	21		5	7	Right lung, upper lobe.	35	algia.
Ogbourne,	41	27	25		30	Dec.	10	Dec.	11	Dec.	17		6	7	Right lung, entire.	35	Rotten egg sputa—highest range of
Lewis,	42	20	26		31	"	20	"	21	"	30		10	11	Right lung, clavicular and sub-clav. regions.	36	pulse 130, resp. 65†
1852.																	
Harwell,	43	26	27		32	Jan'y	8	Jan'y	9	Jan'y	18		9	10	Left lung, lower lobe.	37	
Hall, Henry,	44	34	28		33	"	15	"	16	"	22		6	7	Left lung, lower lobe.	38	
Hall, Samuel,	45	17	29		34	"	15	"	16	"	22		6	7	Left lung, lower lobe.	7	39
Hall, Phæbe,	46	26		17	35	"	19	"	19	"	28		10	10	Double, sub-clav. of right and lower lobe of left.		Six months pregnant, miscarried on the
																	fourth day—highest range of pulse 136,
Hall, Amy,	47	49		18	36	"	20	"	21	"	28		8	9	Double, upper lobe of right and lower of left.	40	of resp. 74.
Hall, Charles,	48	32	30		37	"	21	"	22	"	27		5	6	Right lung, lower lobe.	41	Bronchitis of both lungs—highest
Westcoll,	49	2	31		38	"	31	Feb.	3	Feb.	7		5	8	Left lung, entire.	42	range of pulse 126, of resp. 64.
Shaver,	50	9		19	12	Feb.	24	"	25	March	2		7	8	Left lung, upper lobe.	43	
																	Very acute pleurodynia on right side,
Chisholm,	51	3		20	39	March	8	March	10	"	16		6	8	Left lung, lower lobe.	44	no pain on left—highest range of pulse
Jones,	52	7		21	40	"	20	"	25	April	4		10	15	Double, lower lobe of both lungs and middle lobe of right.	45	130, of resp. 52.
Randolph,	53	14	32		13	April	12	April	13	"	20		8	9	Right lung, lower lobe.	8	46
Goode,	54	4	33		41	"	14	"	17	"	24		8	11	Right lung, lower lobe.	47	Highest range of pulse 120, of resp. 40.
Westcott,	55	7	34		14	May	8	May	9	May	14		6	7	Left lung, lower lobe.	48	" " " 152, " 36.
Farley,	56	3	35		42	"	27	"	29	June	18		21	23	Right lung, lower and middle lobes.	49	" " " 132, " 54.
Ogbourne,	57	16	36		43	August	4	August	9	Aug.	12		4	9	Left lung, entire.	50	" " " 140, " 64.
Noble,	58	8m's	37		15	October	5	October	6	Oct.	12		6	7	Left lung, upper third of lower lobe.	51	" " " 192, " 65.
Sayne,	59	12		22	16	"	23	"	26	Nov.	2		7	10	Right lung, lower lobe.	9	" " " 124, " 66.
Freeman,	60	27	38		44	Nov.	4	Nov.	6	"	14		9	11	Left lung, lower lobe.	51	" " " 108, " 66.
Updegraff,	61	17	39		17	Dec.	15	Dec.	16	Dec.	20		4	5	Left lung, lower lobe.	52	" " " 130, " 48.
																	—rotten egg sputa changed to rust-color-
Hassell,	62	24	40		45	"	17	"	18	"	21		4	5	Right lung, upper and middle lobes.		ed on the day of disease.†
Jones,	63	36	41		46	"	26	"	27	Jan'y	4		9	10	Left lung, lower lobe.	10	Highest range of pulse 96, of resp. 32.
1853.																	" " " 100, " 32.
Coxe,	64	46	42		47	Jan'y	4	Jan'y	7	"	13		8	10	Right lung, lower lobe.	54	" " " 120, " 38.
Randolph,	65	22	43		18	"	23	"	24	"	25		2	3	Left lung, lower lobe.	11	" " " 94, " 32.
Figh,	66	16	44		48	April	17	April	20	April	25		6	9	Left lung, whole of upper lobe.		" " " 104, " 48.
Coxe,	67	12	45		19	"	21	"	23	"	27		4	6	Double, whole of right lung and lower lobe of left.	55	" " " 144, " 56.
McKane,*	68	1	46		49	May	27	May	28	June	3	2	7	8	Double, whole of left lung, a lobular portion of upper, and upper third of lower lobe of right lung.	55	" " " 180, " 106.
																	56

*Some circumstances attending these two fatal cases required to be noticed, in order to render the table a true expose of the effects of the treatment.

The first, (case 35,) was treated by my associate, Dr. Jon. McLester. I did not see the man, and consequently know but little more of the circumstances connected with the attack than is contained in the brief statement in the table, viz: that the patient had double pneumonia, and had been five days under treatment on the Thompsonian plan; that is, by active stimulants. To this I am able to add, that Dr. McLester's first visit was made sometime in the night of the fifth day, and that the patient died early in the morning of the seventh day, having been under treatment by Dr. McLester not more than thirty-six hours.

Of the second, (case 68) the following is a brief history. The child, one year old, playing on the edge of a terrace, ten feet high, fell over the edge and rolled to the bottom. Being in the charge of very young black children, no information could be obtained of the immediate effects of the fall. The next day he was attacked with convulsions, followed by high fever and a cough. It was in the afternoon of the next day, the second of his illness, that I first saw him. He was then comatose, with an ardent fever, cough, and hurried respiration, and the physical

signs of pneumonia, as noted above. The head symptoms continued with little variation until the seventh day, but the pulmonie symptoms had, in the meantime, very much improved, the pulse having fallen from 180 to 124, and the respiration from 70 to 40 in the minute. There was at this time considerable remission in the head symptoms also; but in the afternoon of this day he grew stupid again, and by night, having become profoundly comatose, he was seized with convulsions, which continued, with short intervals, until he died. No post mortem examination was made. From the time the convulsions returned, the affection of the lungs, indicated by the physical signs, remained nearly stationary; the pulse, however, ran up to 180, and the respiration as stated to 106.

†So named from its resemblance in color, consistence and smell to rotten egg.—This kind of sputa begun to change to the usual rust color, and to decrease in quantity on the 3d day of the disease; on the 4th day the change was completed. The matter was discharged in considerable quantity at a time, I suppose about half an ounce, and very frequently. The breath partook of the foeter of the matter expectorated.

probably limited to a small part of the deep seated structure of the lung, or to small points scattered through it. Two cases of this kind, cases primarily of acute bronchitis, have come under my observation, one of which proved fatal; no opportunity having been presented for a post mortem examination. And lastly, cases of typhoid fever, in the course of which pneumonia has supervened. In these cases I have been in the habit of treating the pneumonia in the same way as when idiopathic, and it has been common to see this complication yield happily to the treatment, while the primary affection held on its course.

It is to be observed, also, in further explanation of the statistics, that the beginning of the attack is fixed at the time of the first febrile movement, accompanied by cough and pain, or a well marked soreness in the chest; and the termination at the time when all treatment was discontinued. When the treatment, or any part of it, was continued on the day of the last visit, this day is included in the estimate of the duration of the attack, whatever may have been the extent of improvement in the disease; when, on the other hand, the last visit has been one of observation and inquiry merely, it has not been included in the estimate of time. M. Louis dates the termination of an attack from the time the patient begins to take food; three days at least, according to M. Grisolle, after the cessation of fever. M. Bouilland, on the other hand, dates the termination from the time the fever had been decidedly mitigated, and other signs of convalescence had appeared, although the characteristic sputa, as well as some fever, remained—"à l'époque où les signes caractéristiques de la pneumonie et le mouvement fébrile ont presque entièrement disparu." I have followed neither: While I have put the termination further off than M. Bouilland, waiting until the fever and the characteristic sputa had, not almost, but altogether disappeared, and the tendency to health was so well marked as to give unequivocal assurance of the safety of the patient. I have not, with M. Louis, supposed the disease to exist on account of the remaining dullness and crepitation, after all other signs had ceased, along with the fever; for after this, the dullness and crepitus ought, in my opinion, to be viewed as evidence, not of present, but of recent disease—the crepitus being in fact a sign only of convalescence.

The stage of the disease is represented as it was exhibited at the first visit.

EDITORIAL.

KENTUCKY SCHOOL OF MEDICINE.

The fourth session of this flourishing Institution closed on the last day of February. The Degree of Doctor of Medicine was conferred on the following gentlemen:—

Fielding H. Ashby,	Kentucky,	Exercise.
William Berry,	Kentucky,	Emphysema.
James M. Bodine,	Kentucky,	Sympathetic System.
William O. Collings,	Kentucky,	Delirium Tremens.
Alexander Crawford,	Kentucky,	Tetanus
Henderson P. Crute,	Miss.	Chloroform.
James F. Durrett,	Kentucky,	Pneumonia.
Levin E. Goslee,	Kentucky,	Scorbutus.
Leonidas P. Graves,	Texas,	Pneumonia.
William M. Harbold,	Kentucky,	Inflammation of the Brain.
Robert G. Harrington,	Miss.,	Inflammation.
William C. Lewis,	Kentucky,	Epilepsy.
James M. Logan,	Kentucky,	Uterine Hemorrhage.
John Lloyd,	Kentucky,	Abuses of Mercury.
Edward A. Lockett,	Missouri,	Malpositions of the Uterus.
Francois Muguet,	France,	Causes and treatment of Intermittent Fever.
Joseph Otis,	Kentucky,	Puerperal Mania.
Thomas C. Parrish,	Kentucky,	Cholera.
Joseph P. Peyton	Kentucky,	Dislocations.
Granville M. Phillips,	Kentucky,	Typhoid Fever.
John T. Ricketts,	Kentucky,	Gout.
George B. Richardson,	Kentucky,	Typhoid and Intermittent Fevers.
Handson H. Stout,	Kentucky,	Acute Dysentery.
James Symson,	Kentucky,	Hay Asthma.
Rufus L. Talbott,	Kentucky,	Gun-shot wounds.
Isaac F. Tichenor,	Kentucky,	Inflammation.
Josephus H. Tompkins,	Kentucky,	Scarlatina.
Americus V. Winfrey,	Kentucky,	Gonorrhœa.
William F. Yates.	Kentucky,	Masturbation.

Graduation *ad eundem* was conferred upon ANDREW D. MCKAMEY, M. D., of Lexington, Texas.

The Honorary Degree of Doctor of Medicine was conferred upon DR. JEFFERY W. BONDURANT,, of Kentucky.

The number of Matriculants was 101, of whom 73 were from Kentucky. It is no small testimony to the value of the Institution that the great bulk of its patronage is from those who have best opportunities of knowing most about it.

Although both its matriculating and graduating class were a little smaller than last year, yet its friends may reasonably congratulate themselves on its present condition, and still more on its future prospects. The Faculty point with some emphasis to the merit of the graduating class, as fairly exhibiting the high qualifications demanded of and possessed by the Alumni; and they reiterate their intention rigidly to exact of all candidates, ample and satisfactory evidence of their proficiency. They hold, as one of the clearest of principles, that the true glory of a school is not found in the *number* of its scholars, but in the extent and solidity of their acquirements. The recognition of this truth involves necessarily a purpose of regarding every other consideration subservient and secondary to that of making "good men and true" of those who seek their instructions.

Our readers are aware, most of them at least, that several important changes have recently occurred in the organization of the faculty. What the changes are, and how occurring, will at once be understood by the subjoined extract from the "Catalogue and Announcement." We commend it to the notice of our readers.

"Professors Peter, Dudley and Bush, having retired from the school with the view of devoting themselves more exclusively to the interests of the venerable institution with which they have been so long connected at Lexington; and Professor Mitchell having resigned, with the expectation of improvement in health from a return to his native climate in Pennsylvania; a duty of no small difficulty was devolved upon the Faculty and Regents, to supply the places made vacant by the retirement of such experienced and accomplished teachers. Fortunately, it happened that among the excellent corps of medical gentlemen for which the city of Louisville has long been distinguished, there were found those who were known to possess all the qualities and attainments necessary to make them useful and attractive instructors, in the chairs for which they were respectively selected; and it was thought that the continued prosperity of the school would be more certainly secured by the permanent devotion to its interests of these respectable professional citizens, than from the appointment of those whose distant celebrity would lend a temporary eclat to the new organization.

We therefore introduce to the friends of the Kentucky School of

Medicine, Professors Hardin and Colescott, as Kentucky physicians, who, by education, self-culture, and assiduous and honorable devotion to practical medicine, have made themselves worthy of professional honors, and given the best guarantee of usefulness in the discharge of the new duties they are now called to assume.

We also introduce to them, with equal confidence and satisfaction, Professor Anderson, as a Kentucky scholar and medical graduate, whose love of natural science in general, and of Chemistry in particular, together with a considerable amount of experience in teaching them already, as parts of a collegiate education, justify the hope and belief that his connection with the school, as Professor of Chemistry, will secure for its pupils, thorough and attractive instruction in that important department."

With a view of increasing the facilities for instruction, and contributing further to the advantages already possessed, it is the intention of the Faculty, to procure additional means of illustration for the demonstrative departments of teaching, and to effect such improvements in some of the apartments of the College, as will render them more comfortable and convenient to the pupils. A large appropriation has already been voted for these purposes.

BIBLIOGRAPHICAL NOTICES.

Anatomy of the Brain ; from the celebrated dissection of JOHN LIZARS, M. D. etc., comprising fifteen engravings, (colored after nature) with accompanying explanations. Edited by LANDON RIVES, M. D.. H. W. Derby. Cincinnati, 1854.

We have examined this publication with much pleasure. These plates show us all that anatomy can disclose to us of the brain and spinal chord, and put within reach of every one that which cannot elsewhere be found save in large and expensive works. The engraving and coloring are admirably done, and the style of the whole work is highly creditable to all concerned. We did not know before that art had attained such a degree of excellence among us. The engravings would lose nothing in a comparison with the original.

Anatomical knowledge, of all other, fades the most easily from the memory, and there are few who do not need to renew it by actual dissection or the study of well executed plates. These before us will serve admirably to freshen

the memory, and also as a guide or assistant to the young assistant in his own dissections.

We trust that Dr. Rives will meet with such success as will encourage him to persevere in his efforts to promote the cause of science.

A Practical Treatise on Inflammation of the Uterus, its Cervix and Appendages; and on its connexion with Uterine Disease, by James Henry Bennett, M. D., &c., &c. Blanchard & Lea; Philadelphia. 1 vol., oct.

The great popularity of this work is evident from the fact, that in a brief period of time it has passed through three English and four American editions, has been translated into French and into German, and is everywhere regarded as *the* authority in all matters—or nearly all—pertaining to the female sexual organs, by those who use the speculum miscellaneously. To all such there could be no higher authority.—Now this question of the use and abuse of the speculum is one of great moment practically—and we have purposely used above the word “*miscellaneously*,” as applied to “*speculators*,” by way of putting the case in a very strong and wholly unmistakeable way, so far as we (the junior editor) are concerned. The debate has grown warm and is likely to grow warmer, and we show our hand here. While we believe that the Speculum is frequently resorted to needlessly, and while we deplore such use of it as is often made, we also believe that more frequently it is not resorted to when needful and proper—that while it is not unseldom prostituted to base and unworthy ends, it is yet, in true and faithful hands, a mighty engine for good. And though we cannot wholly assent to either the premises or conclusions of Bennet, we yet acknowledge a great deal of force in the latter, and a substantial body of truth in both.

NEW BOOKS RECEIVED.

VIDAL, on *Venereal Diseases*, Samuel S. & William Wood, New York.

SIMPSON on *Homæopathy*, Lindsey & Blakiston, Philadelphia.

FULLER on *Rheumatism*, Samuel S. & William Wood, New York.

Fownes' Chemistry for Students; 1 vol., duo. Blanchard & Lea, Philadelphia.

A new edition of this popular and valuable text-book on Chemistry has been laid on our table. Its merits are as widely known as the name of its lamented author. We can safely commend it as one of the most reliable and comprehensive, though brief works, on this important and interesting department of Medical Science. No man was better qualified than the late distinguished Professor of Practical Chemistry in University College, London, to write *the* book that was needed for students on this subject; and none, in our opinion, have succeeded so well.

CARPENTER ON *Alcoholic Liquors*; 1 vol. duo. Blanchard & Lea, Philadelphia.

This little volume—a prize essay on the use of Alcoholic Liquors in health and disease—contains an elaborate argument to show that, in a state of health, the habitual use of alcoholic stimulants is, and must be always, injurious. Whatever may be the real truth as to their effects, no man can deny, who will read this treatise, that it is the most forcible temperance tract, so far as Physiology and Pathology have to do with temperance, now extant. It is richly worth the perusal of everybody, in and out of the profession. Though it may not fairly prove its point—the facts presented are numerous, striking and trustworthy; and the conclusions in the main, sound beyond a doubt. At any rate, it is a full and interesting exposition of the facts and arguments on that side of that branch of the great temperance question.

Transactions of the American Medical Association. Volume 6th.

History of the Epidemic, Yellow Fever at New Orleans, La., in 1853, by E. D. FENNER, M. D. &c. &c. From the Author.

Report of the Health and Mortality of the city of Memphis, for the year 1853, by CHAS. T. QUINTARD, M. D. Professor of Physiology, and Pathological Anatomy in the Memphis Medical College. Published by order of the City Council.

Registration Report of births, marriages and deaths in Kentucky. Compiled by W. L. Sutton, M. D. of Georgetown, from the returns to the State Auditor.

KENTUCKY MEDICAL RECORDER.

VOL. III.

LOUISVILLE, KY., APRIL, 1854.

NO. 8

For the Kentucky Medical Recorder.

ON THE RESULTS OF SURGICAL OPERATIONS IN MALIGNANT DISEASES, *By S. D. Gross, M. D.*

Such is the title borne, in its separate and independent form of publication, by a production which originally appeared in the sixth volume of the Transactions of the American Medical Association, as a report of one of its select committees. Having placed it at the head of our article, with the usual formalities of such proceedings, it may be supposed that it is to become the subject of review or analysis, according to the approved methods of medical criticism. But nothing is further from our purpose, as the sequel will testify. There are some books—and they are not a few—that the critic is as little disposed to meddle with as the chemist is with the carefully wrapped up lumps of mineral, so often sent to him for analysis by some dunce of a gold-hunter, who neither knows where to look for the precious metal, nor can recognize it when found.

In the present instance, moreover, the writer has really disarmed criticism, as to the substance of his production, by claiming only in the outset, under favor of a remarkably felicitous illustration from one of the diminutives of Entomology,* the humble merit of a redacteur, and with a modesty only equalled by the candor of the acknowledgement, confessing at the conclusion of his labors, the “consciousness that he has added nothing whatever to our previous information of malignant diseases.”

We cannot refrain from the remark, however, that the writer would have saved himself and his readers much unproductive labor, if he had only comprehended, better than he seems to have done, the significance of his own definitions.

Doubtless it was intended that a consideration of the *allusions* resulting from surgical operations for malignant diseases, should make part of the report of the committee; but

*“Like the Emmet he has,” &c.

the main question involved in the enquiry instituted by the association, related to the possibility and probability of *cures* being effected by such means, and this question, so far as it could be resolved by the chairman of the committee, is absolutely settled by the very terms of his definition of malignant disease.

"A malignant disease," says he, "is one which, whatever may be its origin, situation or structure, has a disposition sooner or later to destroy, not only the part, organ or tissue which it occupies, but also the system at large, and consequently, (as a necessary corollary?) the life of the patient.— In other words, all its tendencies are to mischief and disorganization— It never forgives or relents. it never disappears spontaneously; and it is never cured by medication, not even by excision, except, perhaps, in very rare cases."

The awkward phraseology of this definition might leave the reader in doubt as to its precise meaning; but an explanation is furnished in the following extract, where the writer adopts and endorses the opinion of Hippocrates. "The great subject, in point of fact, remains precisely where it was in the time of Hippocrates, whose wonderful sagacity induced him to declare that malignant diseases, by whatever name they may be known, or whatever organ they may attack, never forgive, but that *they are always incurable by the KNIFE AND ESCHAROTICS, and sooner or later destroy their victim.*" p. 6.

The formal conclusions, at the termination of the Report, it is true, do not correspond, at all, with this fundamental view of the subject; but that is no concern of ours, while we are only expressing our regret that so much of the time of the writer—a year more than is usually employed in such productions—and so much valuable space in the transactions of of the society, should be wasted, in an elaborate effort to establish the foregone conclusion, that diseases *necessarily fatal*, can't be cured by excision.

But, as already intimated, it is not with the logic, nor the economy of the paper before us, nor yet with its pathology or practice, that we intend to interest ourselves at present.— We have assumed the pen editorial now, only for the purpose of exposing, and according to our humble ability, reprobating, one of the most wanton and inexcusable outbursts of conceit, impudence and ill-nature, that ever found a place

in productions professing to be scientific, not to say, respectable. It is a strange work, for the journalist to undertake, we are aware; but it is as needful as it is strange, to be undertaken by some one. The offence to be resented is common in its application, to all the reading members of the American profession, and they may naturally look to those who hold the position of censors of medical literature, to rebuke any who would desecrate its pages, by making them the vehicle of insult or detraction. It is equally the duty of the press to protect the reading community against the dullness of block-heads, and the impertinence of pates that are "*swelled*."

Most of our readers may be surprised at the character of these introductory remarks, but they will cease to be so, we presume, after an attentive perusal of the following extract from the paper before us:—

"American physicians and surgeons seem to glory in being **THE SLAVES OF EUROPEAN AUTHORITY** in whatever pertains to their profession, both in matters of opinion and practice; like Esau, **THEY HAVE BARTERED AWAY THEIR BIRTHRIGHT FOR A MESS OF POTTAGE**; they are unwilling to learn anything that is purely American; they are *too proud* to acknowledge that anything good can emanate from a native author, and *too stubborn* to admit that one man knows more than another. They would rather, at any time—lest they should seem to be indebted to their own countrymen—quote from Louis and Chomel than from Drake and Chapman; or Cooper and Brodie than Gibson or Mott. It is a *bitter humiliation* to find this tendency in our profession; a tendency so utterly at variance with the true spirit of patriotism, with our national pride and with our national advancement as a scientific and literary people. It is mortifying to see that every thing in the shape of a foreign book, *however shallow and indifferent*, is greedily sought and patronized, to the neglect of our own productions." pp. 3-4. [The capitals and italic are our own:]

Now, we submit to the most dispassionate gentleman among our readers, if that be not a most extraordinary paragraph to have been offered for publication, and still more so to have been received for publication, in the annals of a society representing the great body of professional gentlemen whom it indiscriminately stigmatises? Does it not contain an assertion of a most offensive character against us all, uttered

in taunting and vituperative language, and conveying an imputation of motives, as mean and dishonorable as can actuate human beings under any circumstances whatever? We have been utterly unable to understand how it was that the committee of publication allowed it to appear, even under the formal disclaimer prefixed to every volume of the Transactions; and have really been expecting, but in vain, some explanation or apology from them, for their inadvertency in the case.

As individuals, among the great company thus deliberately charged with want of discrimination, servility of opinion, and a contemptible jealousy of our brethren, we plead not guilty; and in defence intend, not only to demonstrate the utter groundlessness of the accusation in the abstract, but, absolved from all the usual courtesies of controversy, by the indecorum of our calumniator, to lay open the bitter fountain of selfishness and chagrin from which the slanderous current proceeded.

The criminatory idea of the reprehensible paragraph we have quoted, stripped of all the offensive accidents of its utterance, is a miserable, vulgar piece of demagoguery, that has had its day in politics, and is, to the last degree, unworthy of being introduced into the realm of science. Every man his own breeches-maker, is not quite so ridiculous as every man his own book-maker. Orthodox political economy recognizes the advantages—nay, the dignity, if you please—of depending upon foreign labor for certain purposes, and no disinterested friend of science will take exception to the source of contributions that really promote its advancement. If there be facilities and inducements to sound authorship in older countries, which are not yet realized in our own, it is no sacrifice of independence nor self-respect, for us to avail ourselves of the result. We should rejoice that the arts of transportation and republication supply us with them so promptly and so cheaply. It is rather a matter for compliment than reproach, that we appreciate the labors of our foreign brethren, so far as to afford a remunerative patronage to the enterprising gentlemen of the press, who reproduce, and in some instances, so to say, Americanize them.

Wherever time and circumstances favor the prosecution of any branch of science, there will authentic expositions of its

progress be made, and, as medical men, we can do much more for the ultimate good of medical literature among us, by welcoming such expositions from abroad, and making them our own, by adoption, than by forcing into existence, by passionate and sectional appeals, a domestic manufacture of books, which must plagiarize its information, and, without great improvement upon present specimens, blush for its scholarship.

To what extent "our national advancement as a literary people" has been retarded, by our neglect of the models which the "Reporter" would substitute for the writings of Lawrence, and Mayo, and Willis, and Todd, and Forbes, and Lee and Hall, it is impossible to determine. An approximative estimate of the mischief, however, might be inferred, if "the school master" would only cast his eye over the pages of the paper before us, and report how many of them would escape condemnation if found among the exercises of boys and girls engaged in their earlier practice upon the lessons of Murray and Blair.

Let it be observed, however, that while we acknowledge, without the least sense of "humiliation," that our European brethren are before us in the original production of good medical books, it is not admitted, by any means, that the American portion of the profession has failed to contribute its full share towards the progress of practical medicine. In a report upon medical literature, made to the Association a few years since, the gifted chairman remarks, with equal wit and discrimination, that "a Frenchman looks at disease to find what he can make of it; a German what he can think of it; but an American what he can do for it." No four men in the world have done more towards introducing the improved methods of treating disease, which have made the glory of our profession in the present century, than Physic and Nathan Smith among the dead, and James Jackson and B. W. Dudley among the living worthies of American Medicine, and yet we believe, that the aggregate publications of these noble physicians would hardly constitute a respectable octavo. By forming the professional character of their pupils, by their daily professional intercourse with their fellows, in the thousand ways in which a good example makes itself felt, do such lights of their day and generation diffuse their healing know-

ledge through wider, and still wider circles, and inculcate the lessons of that great code, the "*lex non-scripta*"—the *wisdom* rather than the *science* or the *art* of medicine.

Authorship is one thing, and book-making another, and frequently quite a different thing. The former implies gifts, cultivation, and opportunities; while few of us need look far to discover that the latter is quite possible without either of them. Like other excellent commodities, the former is all too unfrequent; while the latter has become one of the most hackneyed employments by which industrious mediocrity, or disgusting conceit, strive to distinguish themselves.

In no department of letters or science is this counterfeit authorship more conspicuous than in medical book-making. A passion for scribbling—or too often, we fear, a more sordid impulse—has taken possession of the professional mind, and we must all appear in print, "*volente, aut invita Minerva*." Book-making is resorted to as a means of notoriety, or as a reputable mode of advertising one's self; where, either in the ingratiatory salutation of the preface, or in the subsequent recital of cases, or in the complimentary notices and puffs that are duly prepared to herald or accompany the new born prodigy, the writer may adroitly insinuate all the self-glorification that the empiric, more honestly, introduces into his "cards" and "testimonials." We do not mean to say, of course, that all our medical publications are such prostitutions of the press as this, nor that there is no sound and honorable authorship among us. We could particularize, if necessary, instances of rare excellence among the productions of American physicians, and the history of such instances offers a signal refutation of the charge of hostility to American books on the part of the profession; for who can deny that the works of Beck, Wistar, Dewees and Eberle, for example, were received most cordially by the medical public, and have enjoyed, respectively, a patronage and consideration fully commensurate with their intrinsic merits.

But we do affirm, that the vicious propensities to which we refer, are indulged to such an extent as to constitute one of the pests of the profession. The avenues of medical science are encumbered by an unnecessary multiplication of volumes, and the inexperienced reader is liable to be misled by the crudities of an ambitious novice, or the apochryphal experi-

ence of an unscrupulous tabulist. Especially reprehensible are these abuses of the medical press, when presenting themselves, as they sometimes do, in the professors of medical schools, who impose their unsaleable productions upon the pupils of the class, by having them recommended as textbooks of the institution—priests in the temple of science, welcoming her confiding votaries with one hand, and picking their pockets with the other.

If we had power to legislate on the subject, it would surely be our decree, that no school should name among its textbooks a work made or published by one of her Faculty. We do not know of any institution where such a rule would subject the students to any serious disadvantages; but we do know of some, on the other hand, in which it would save him from great impositions.

Our medical literature, then, "to return," as the Frenchman says, "to our mutton," is not, taking it altogether, so precious and immaculate an offering as to challenge the indiscriminate devotion of all American physicians. Indeed there are some very shabby specimens of authorship among it, which cannot become substitutes for kindred works from abroad without an infinite deal of adroit puffing, and pretty sharp scolding into the bargain, if the present experiment in that method of securing patronage shall prove to be effective.

It would be an admirable instance of discrimination, to be sure, to prefer the opinions of a babbling historiographer of disease, who had spent most of his life in running about the country, collecting its medical gossipry, to those of such mature, assiduous and philosophical practitioners as Holland and Macartney and Watson. Nor need we yet school our cheeks to blush, for holding as authorities such men as Cruveilhier and Carswell and Paget, or Brodie and Guthrie and Civiale, instead of any conceited compiler in this country, who, destitute of the advantages that surrounded those favored men, and without any of their personal qualities as men of science, has been dabbling in the profound problems of pathology and practice which they have illustrated, till he has cheated himself into the belief that he really comprehends the elementary truths they involve. No, indeed, we need not go abroad for the "shallow and indifferent books;" they are abundant enough far this side, either of the more distant or nearer shore, of the Atlantic.

A judicious excise would improve the character of our medical books, quite as much, to say the least, as a stringent tariff; provided an inspector could be found sufficiently astute to de-

termine the real nativity of volumes, whose title page and impress, indeed, proclaim them domestic productions, while their contents are chiefly the mutilated offspring of foreign brains, pressed into the service of a patriotic native, whose most remarkable typographical peculiarity is an inveterate aversion to the inverted comma.

A few words only remain, by way of personal application of these defensive remarks to the author of the accusations which provoked them. If this application be uncomfortable to the recipient, or seem undeserved to others, we only beg them to recur to the provocation, and compare the imputations that may appear in our defence, with those that are recklessly cast upon the whole profession by their accuser, and justice will compel them to admit that he has hardly received "measure for measure."

It is no secret, that our "Reporter" is himself one of the fraternity of medical book-makers. Indeed, he is an eminent member of the corps, in whom it would be no presumption to assume the position of champion, asserting the rights of the brotherhood, invoking a better appreciation of their works, and denouncing, if need be, the partiality or favoritism that would refuse them a fair field with their European rivals. But the tone and spirit of the offensive paragraphs forbid such an extenuating interpretation of their improprieties. The "esprit-de-corps" may render a man offensively zealous, and even criminative, in his advocacy, but it is not likely to make him vituperative and bitter. These qualities of discourse belong to the expression of private griefs, disappointments and mortifications, of wounded vanity or abashed conceit. If "American physicians and surgeons" have indeed been so "proud," or "stubborn," or "slavish" to foreign literature, and so "jealous" of their own countrymen, as to undervalue domestic productions, we are no longer at a loss where to find some of these neglected specimens of native genius.

"Defiant growls from Bruin's den
Betray his wounded cub."

And here we take leave of the "Reporter" and his great misdemeanor—having given free expression to the resentment which we confess it excited, and having done this publicly, so as to attract the attention of others to an impertinence that affects them as well as ourselves. If they regard the indecorum as we do, they may find a proper time and mode of treating it as it deserves, at the approaching meeting of the "Association," by submitting a resolution to that body, which shall present, very explicitly, their sense of the impropriety of such remarks from a member who can so far forget what is due to himself and his associates, as to hurl an unprovoked insult at the members of a society, in the very act of improving the opportunity for honorable distinction which that society had supplied him with.

STATISTICAL FACTS,

On the effects of Vaccine Virus, in arresting and mitigating natural Small Pox, after exposure to its contagious influence. By H. L. GIVENS, M. D., of La Grange, Ky.

Of all the diseases with which physicians have to contend, there is none more loathsome or disagreeable than the natural Small Pox; and none has a more sure or certain prophylactic in the use of the Vaccine Virus, in mitigating its virulence and averting its fatality. But the length of time that may intervene, after the exposure of the person to the natural disease, before the Vaccine Virus is introduced, so as to exempt the individual from the small pox in the natural form, has never been definitely settled; and I apprehend it will be difficult to decide, while there exists in the human family those idiosyncracies or peculiarities of constitutions and temperaments with which we so frequently meet. Yet we may approximate near enough to this point for all practical purposes, and with the view of doing so I would call the attention of the Profession to an isolated case or two which recently came under my observation. Not that there is any thing new or peculiar in the case, but the attending circumstances may be deemed worthy of a passing notice.

I was requested on the 4th of Feb. 1851, to visit the son of C. B. P., of Lagrange. aged three years. He had the usual symptoms which characterize violent eruptive diseases, such as high fever, pain in the head and back, with constant nausea, and frequent efforts at emesis, with great tenderness of epigastrium, and prostration of muscular strength, slight carozza and mucous discharges from mares. When first seen I could not learn that he had been exposed to the contagion, but on subsequent inquiry I learned that his father, about a fortnight prior to this attack, labored under the varioloid form of the disease, and that the child had slept with him during his indisposition, and consequently must have contracted the disease from him.

On the afternoon of the third day of the disease, the family were visited by a near relative, with two children near the

same age; and not having seen each other for some time, they both frequently, in the course of the evening and night, fondled with, and caressed the boy indisposed, while the eruption was gradually developing itself. They also slept in the same room during the night. On seeing the case in the forenoon of the following morning—the fourth day—the eruption gave clear indications of a case of small pox, which subsequently assumed the confluent form. On apprising the mother of the nature of the disease she expressed much alarm, in consequence of neither of her children having ever been vaccinated; and by her request I immediately vaccinated both by scarification, and puncturing the cuticle of the arm in two or three places, introducing the genuine vaccine virus under the cuticle, some eighteen or twenty hours after they had been exposed to the natural disease, and I was gratified to find, on the fifth day, that it was taking in both the children. On the eighth day each complained of thirst, with pain in the head, and some fever, (this complaint continuing for a day or two,) but were well on the tenth. The pustules filled well on each of their arms, but the youngest was rather better marked.

On the 14th day after exposure the elder boy began to complain of pain in his head and back, with nausea, attended with considerable fever on the 2d, 3d and 4th, at which time the eruptions appeared partially on the face and breast, succeeded by scattering postules on the body. Shortly after their appearance the fever subsided, and the boy was not confined save in the house. It may be proper here to add, that so soon as I discovered that the first child had the small pox, the other two were immediately removed to another apartment, and were not permitted to see him again until he had entirely convalesced. I will just add that his treatment consisted of the antiphlogistic plan or cooling regimen.

The chief and important point in a practical view, as before remarked, which I conceive worthy of further investigation, is as to the length of time that may with safety elapse after exposure, before the introduction of the vaccine virus, so as to ward off, mitigate, or modify the natural disease.

Professor Wood, of Philadelphia, in his practical observations, says: "If the vaccine virus be inserted so early after

exposure that the vesicle shall appear before the variolous fever has occurred, the small pox will either be prevented altogether, or so far modified as to be harmless." He also cites two cases—a child, and student—in point; but does not give the time after exposure to the time of the introduction of the vaccine virus; but suggests that vaccination should always be resorted to as soon as possible after exposure, provided the small pox has not already set in.

The inferences, then, deduced from the facts in this case are:—

First. That notwithstanding an individual may have been exposed to the variola or natural small pox, and have the disease already imbibed in the system, some twenty hours after exposure, before the vaccine virus is introduced, yet it will arrest or modify the natural variola, and cause it to assume the varioloid form, which is almost always mild, seldom disfigures, and runs its course in a short time, with little danger.

Second. From these cases we may infer that the system is more susceptible to the vaccine virus than the natural small pox; which will tend to confirm the views generally entertained; viz: that if the system is not susceptible to the genuine vaccine virus, it is equally insusceptible to the natural disease.

The youngest of these children gave no symptoms of having contracted the natural disease, or if contracted it was entirely arrested by the constitutional effects of the vaccine virus. In further confirmation of this I will just add, that recently a young man in this village, who came under my care, had an aggravated case of the confluent form; he was visited frequently in his room by several children of the house, in which he was confined, up to within a few hours of the appearance of the eruption. They were immediately vaccinated, but the matter proved to be inert by age; and five or six days intervened before I could procure genuine vaccine matter, with which they were vaccinated, and which took in each of them. *Neither* of them had any symptoms of the varioloid form.

Thirdly. We may further infer, from the length of time that intervened in the first case cited, after the vaccine virus

produced its constitutional effects, before the varioloid form was developed, that four or five days may intervene, after exposure to the disease, before the vaccine virus is introduced, which will still exempt the system from the natural disease.

Fourthly, and lastly. It tends to confirm the views generally entertained, that the distinct or confluent form of the disease is frequently contracted from the variloid; and that individuals equally exposed to either do not necessarily contract the disease, which depends, I doubt not, on some idiosyncrasy or peculiarity of constitution, or habit of body, at the time of exposure.

From these inferences let it not be inferred that I would advise delay in introducing the vaccine matter after exposure. I would say the sooner the better. But as an impression exists in the minds of some persons, that after exposure to the contagion you cannot arrest or modify the disease, if already engendered in the system, I would say to those who have been so unfortunate as to be placed, accidentally or otherwise, in close proximity with those laboring under the disease, as frequently happens in steamboats, railroad cars and stages, do not be alarmed, but lose no time in being vaccinated with genuine matter, and if your system was susceptible to the small pox it will be equally susceptible to the vaccine virus, in which you have a sure guarantee of either arresting or mitigating the virulence of this loathsome disease, if introduced in time to produce its specific effect before symptoms of the other is developed.

LA GRANGE, KY., March 30, 1854.

EFFECTS OF BELLADONNA IN POISONING BY OPIUM.

We have received from Thomas Anderson, M. D., Curator of the Museum of the Botanical Society in Edinburg, a paper of the above title. It is of so suggestive and practical a character that we at once insert it, and desire to call it to the especial attention of our readers.

Last winter I was engaged in a series of experiments on the therapeutic actions of the *Atropa Belladonna*. In the course of my researches, my attention was more particularly directed to the state of the pupil and nervous system resulting from its internal administration. I also pursued my investigations on this subject in connection with a remark of Dr. Graves, in his clinical lectures, somewhat to this effect, that in continued fever with contracted pupils and coma, we are perhaps entitled to suppose that, if we can, by an agent administered internally, so affect the brain that the pupils shall become dilated, the other symptoms of cerebral derangement will also be removed.

Acting on this theory, I gave belladonna to several patients laboring under the ordinary continued fever of this city (Edinburgh;) with coma and contracted pupils, and in a large number with favorable results. The idea then occurred to me, that, perhaps, belladonna would likewise be found beneficial in relieving the coma with contracted pupils, occasioned by poisoning with opium. However, I then dismissed the notion from my mind as absurd, and as I soon became otherwise occupied, I forgot it.

It again recurred to me in November, when using belladonna externally; and I determined to test it by experiment as soon as a case of opium-poisoning should occur. This I was soon enabled to do, as the patient of whom I had charge, and laboring under delirium tremens, having received an overdose of the solution of muriate of morphia, became comatose. He had taken, in thirty-six hours, two ounces of the solution of the muriate of morphia, and it had been continued by the attendant after sleep was procured. When I saw him he was in profound coma, his breathing was stertorous, amounting to no more than four or five per minute, and his pupils were contracted to mere points. His pulse was excessively weak, and rather slow; it was quite impossible to rouse him. I ordered him immediately the following mixture; Tincture of belladonna, six drachms, in five and a half ounces of water, of which an ounce was to be given every half hour. Three ounces of the mixture were administered with great caution,

after which his pupils began to dilate. The six drachms of the tincture of belladonna were taken, and in four and a half hours after the first dose of it was given, the patient was in the following condition: The coma was entirely gone, respirations were between twenty-two and twenty-five per minute, the pupils were much dilated, the pulse had risen to nearly one hundred and twenty in the minute, and was also increased in strength. His countenance also, from being cold and pallid, had become much flushed, and the whole body was much warmer.

He replied readily and coherently to all my questions.

He continued to improve for three days after; when, rising suddenly to stool, he fainted, and before the assistance of the nurse could be procured, he was dead.

A fortnight afterwards, I had another opportunity of testing my views. A woman, about fifty years of age, took, at 4 o'clock, P. M., two drachms of laudanum, and at half past 5, P. M., three drachms more. She was brought to the infirmary at 8 o'clock, P. M. After making vain attempts to rouse her from the coma, by walking about, &c., the stomach-pump was used at a quarter past 8 o'clock. By this means her stomach was thoroughly evacuated, but no trace of opium was detected by smell or sight. It had probably been all absorbed. A current of electricity was then applied to her hands for nearly ten minutes, but without rousing her. I saw her at a quarter to 9, P. M., for the first time; and on being told that she had been poisoned by laudanum, I determined to try the effects of belladonna.

At that time her pupils were contracted to mere points, her respiration was stertorous—ten per minute—the pulse was feeble, and the extremities rather cold. Between 9 and half-past 9, I gave her one ounce of tincture of belladonna in three ounces of water, which was swallowed, but with difficulty. In the course of the next half-hour, two drachms more were administered. At 11, P. M., the first alteration in the size of the pupil was observed; the respirations had also increased to twelve or thirteen in the minute, and the pulse was much stronger. The symptoms continued to improve till 2, A. M. when all indications of opium poisoning had disappeared. The woman was then sitting up in bed, talking to the nurses, with the pupils dilated to a little more than their natural size, and still slightly sensible to light. The extremities were quite warm, the pulse was about one hundred, and of good strength.

She gave me a coherent account of her motives for taking the poison, of the money she had spent in purchasing the laudanum, and the names of the druggists where it had been procured. She also replied sensibly to questions about her

family, and the age and occupation of her children. She continued awake till nearly 4 o'clock, A. M., after which she slept till 9, A. M. In the morning I found her pretty well, her pupils being no more dilated than they were four hours after the first administration of the belladonna. She complained, however, of nausea, but unaccompanied by vomiting. This symptom, along with the dilated pupils, had entirely disappeared in the course of two days. She was kept in the hospital, under observation, for ten days after the accident; at the end of which time she was dismissed, perfectly well. The tincture of belladonna used in both these cases, was of the strength of four ounces of the leaves to two pints of rectified spirit; and prepared by percolation. Half a drachm is considered a full dose. I have seen dilation of the pupil produced by a drachm given at once.

So much, at present, for the action of belladonna on persons under the influence of opium. I will now very briefly notice some observations on the simultaneous administration of opium and belladonna, or its congener, hyoscyamus.

My attention was accidentally directed to this subject some weeks ago, from a circumstance that happened to one of my patients. A man laboring under phthisis, and unable to rest at night from the violence of his cough, had the following mixture prescribed for him, as a soporific draught:

Sol. mor. mur.—one drachm.

Tinct. hyoscyami—two drachms.

Aqua cassiæ—three ounces.

He took half of this draught at 11, P. M., but without obtaining any sleep; and before the morning the whole of it was given, but still with no effect. For two nights more, the same dose was repeated, but with no better result than at first. At last I determined to try the effect of morphia alone; and accordingly I ordered a draught of thirty-five drops of the solution of the muriate of morphia, diluted with cassia water. After this he slept soundly, and therefore the same amount of morphia was continued for several nights, with the same result—sound sleep.

I mentioned this case to several of my friends, and two or three of them remembered similar cases which they had met with; but the sleeplessness following the simultaneous use of the medicines had been ascribed to some peculiarity in the constitution of the patient, and not the opposite actions of the drugs upon the nervous system.

In the "Association Medical Journal" of the last week of November, 1853, I saw the following interesting case bearing on this subject; it is an abstract from the American Journal of Medical Science: "A child, nine years old, swallowed two suppositories, each containing two grains of opium and

two grains of extract of belladonna. It went to sleep not long after. The mother awoke it at the end of four hours with great difficulty, when free vomiting ensued, producing great exhaustion. The drugs were taken at noon, and at 7, P. M., the child seemed only a little fatigued and sleepy. It had eaten dinner immediately before swallowing the poison; and Dr. Coale (who relates the case) suggests that this may have retarded absorption."

Notwithstanding the very interesting, and, to me, almost conclusive nature of these experiments, I am not prepared, nor do I wish to say that I have discovered an antidote for poisoning by opium. In such cases, however, I believe that belladonna or hyoscyamus will be serviceable, on this supposition, that, if we give an agent whose action on the brain is opposite to opium, as soon as its minor physiological effects are developed, the evidences of the action of the opium will disappear. It seems to me that these properties exist most markedly among the members of the natural family *Atropaceæ*. (See a paper on the *Solanaceæ*, by Mr. J. Miers, in the "Annals of Natural History" for March, 1849. Also an abstract of a paper by myself on the *Solanaceæ* in the "Annals" for June, 1853, and the "Phytologist" for May, 1853.)

Many plants of this order, such as species of *Atropa*, *Hyoscyamus*, and *Datura*, act as exaltants of the nervous system, increasing the rapidity of the respiration, and the strength and frequency of the pulse, causing delirium of various grades of violence, accompanied till death with dilated pupil, and terminating in coma, probably merely the result of exhaustion of the powers of the system. Now, these are the effects quite the opposite of those observed daily as the consequences of the administration of opium. The drug exerts its poisonous influence as a depressant of the vital powers, diminishing the number of respirations, weakening the heart's action, and causing coma, as one of the first alarming evidences of its effects.

When talking lately to Dr. Garrod of my views of the treatment of poisoning by opium by belladonna, he told me, that in his opening lecture, delivered last October, in the University College, London, he had stated the converse of my idea, viz: from the resemblance of the poisonous action of belladonna to delirium tremens, in which disease opium is a most approved remedy, it is probable that, in poisoning by belladonna, opium may be found advantageous.

In conclusion, I will offer a few practical hints to any who may be inclined to test my views experimentally. That, taking the pupil as the index of the state of the brain, it is desirable to produce slight dilatation as speedily as possible. Now, in order to overcome the opposite effects of the opium,

It is necessary to give doses three or four times greater than what would produce dilatation in a healthy adult. The first two cases that I have cited, prove that no one need fear that their patients will thus be doubly poisoned. The tincture made from the leaves is the most uniform preparation. Four or six drachms of it might be given at first, and if that amount does not succeed in dilating the pupils in the course of an hour, the dose may be repeated. The careful application of a plaster of equal parts of the extract of lard to a blistered surface might be useful. Lastly, the internal use of small doses of atropine, as, for example, one-fourth, or even one-half of a grain in solution, will rapidly remove the contraction of the pupils.—*American Medical Monthly.*

OBSERVATIONS ON THE USE OF THE TINCT. FERRI. MUR. IN SCARLATINA.

By H. L. BYRD, M. D., *Professor of Mat. Med. and Therapeutics, Savannah Medical College.*

During the present year, both erysipelas and scarlatina have prevailed to some extent in this city, and the latter disease has been attended with considerable mortality among young children. After having used the tincture chloride of iron, in erysipelas, with considerable success, as recommended by Dr. Bell, (page 126 of your Journal for last year,) and remembering the general sequela of scarlatina—often after the most favorable convalescence—I determined to give it a trial in the latter disease. My first impressions, as to its usefulness, were strengthened by the recollection, that chlorine had been recommended in scarlatina, and a knowledge of the value of mur. tinct. ferri, in the anasarcous swelling, which so often result after an attack of that disease. My most sanguine hopes have been more than realized, experimentally in more than twenty cases. So much am I convinced of its value, that I would not willingly exchange it for all the other remedies which I have heretofore used, or seen recommended, in scarlet fever. I am not aware of the article having been noticed before. Should such have been the case, however, I feel it due to the profession, and to suffering humanity, that the fact should be as widely disseminated as practicable. I will leave others to determine its *modus operandi* and proceed at once, to the narration of some of the most prominent cases, and the peculiar circumstances con-

nected with them. The first case in which I used the mur. tinct. iron, occurred on the 10th July, 1853. The patient, a bright mulatto boy, aet. eight years, exhibited the eruption very distinctly, over the entire surface of the body and extremities; the throat was very much injected, and the ulceration of the tonsils had already taken place. I ordered the bowels opened with salts, senna and manna, and the tincture of iron given afterwards, in eight drop doses diluted with gum water, every four hours. Gargle—1 drachm of the tincture to 4 ℥ of water, every three or four hours. This case went on well, and in two or three days the patient was up about the chamber. The second case was the son of H. C., Esq., aged two years. The child was rather delicate, with fair hair and full blue eyes. On my first visit, (20th July,) I found the skin covered with the eruption peculiar to scarlatina. The whole surface seemed to be involved in the eruption; the tonsils were red and injected: the parotids enlarged and painful to the touch, the left particularly so; the pulse 150, compressible; tongue furred, except at the edges, which were red; considerable thirst; no action of the bowels since the previous day. I directed a dose composed of ol. ricin. 3 iii. sup. carb. soda, grs. ii. tinct. opii. camph. gutt. iv. camphor liniment to be rubbed over the enlarged glands of the neck, and a flannel saturated with the same, applied afterwards; throat penciled three times a day, with a solution of six grs. of argént nitrat, to one ounce rose water. After the action of the oil mixture, the following was directed to be given in papspoonful doses, every two hours, until visited again, viz: *R.* Salt tart. ʒ 1, mucil. G. acac, ʒ iv. tart. ant. et Pot. gr. ½, tinct. op. camph. ʒ i, M; iced gum water allowed as a common drink. On my visit in the afternoon, I learned that the bowels had been acted upon once or twice, and the pulse was reduced by the last mixture, to 140, and the skin was soft, though not actually moist.

The child being delicate, and of somewhat strumous habit; and having been pleased with the success of the iron in the preceding case, and believing the indications even stronger in this one, I resolved to venture on its use at once. I directed mur. tinct. ferri. 50 drops, mucil. g. arabic, ʒ ii, M. a teaspoonful to be given every four hours. Suspend previous mixture and continue iced gum water.

On my visit the following morning, I found the skin less red; pulse 130; no action of the bowels since yesterday; urine somewhat increased in quantity; tongue clean and red; throat the same; glands the same; continue treatment to throat and neck; also, the iron as before. Evening visit—found the patient in much the same condition as at last visit: pulse 128. The next morning the skin less red; appetite increased; tongue clean and red; some thirst, which.

however, is rapidly allayed by the iced gum water ; neck and throat the same. Ordered the castor oil mixture mentioned above ; directed the iron treatment to be resumed after its action. Did not call again until the following morning, at which visit I found that the bowels had acted well the previous day ; condition generally improved : pulse 118. The iron was continued, and the lunar costic twice per day to the throat. The next morning the skin was much paler, the throat much improved, the pulse 110. The bowels being bound, a dose of castor oil was prescribed, and, after its action, the iron was resumed. The following morning, I found all the symptoms so much improved, that I did not deem it necessary to continue my visits.

The epidermis had commenced to desquamate, and the throat appeared well, beyond a slight redness, which remained for a few days, as I subsequently learned. The patient continued improving for near two weeks, when he was taken with slight fever, after one or two rides during the afternoon. During this attack, the glands of the neck, which had not entirely subsided from the first illness, became swollen and very painful, and despite of every effort, suppuration took place on the left side. I opened the abscess, kept it poulticed with flaxseed, and put my patient on the syrup of the iodide of iron in six drop doses, four times per day, with one-half a grain sulphate quinine, three times per day, and in a few days he was well. I have been thus minute in the details of this case as it was the only one out of twenty in which suppuration occurred ; and, further to convey a correct general idea of the course usually pursued. In no case did anasarca supervene, and the cases were usually cured in from seven to ten days. It is proper that I should remark, that occasionally other remedies, as blue pill, rhubarb, etc., were found to be necessary ; and in all cases, with one or two exceptions, I made an effort to lessen the frequency of the pulse, and to determine to the surface before commencing with iron. Minute doses of tart. ant. or ipecac, in combination with other diaphoretics, were used for this purpose ; and in all cases in which the tongue grew dry under the use of the iron, it was suspended until that difficulty was removed. I found but few cases, however, in which the dryness of the tongue was traceable to the iron. I used demulcents and cool drinks, as asked for, throughout the disease. In one case treated recently, the infant child of the Hon. E. J. H., I used no other remedy than the mur. tinct. of iron. It was given in doses of from one-half to three-fourths of a drop suspended in gum arabic water, three times per day. Notwithstanding the throat was considerably inflamed, and the glands enlarged, this patient convalesced rapidly, and was

well in four or five days. The child was an infant at the breast, six or seven weeks old. Two other cases had previously occurred in the same family, in one of which I scarified the tonsils, and blistered the throat; finding both these expedients necessary to relieve the unusual inflammation and tumefaction of the tonsils which existed. It yielded readily to the iron, after the reduction of the high arterial excitement that ushered in the attack. In this case, complete desquamation of the epidermis occurred. The last case worthy of notice, is that of Ella, aged eight years, the eldest child of Dr. R. A., now under treatment (Dec. 2d). I saw her first, five days ago. The eruption was very distinct, and the throat considerably ulcerated; the tongue was coated with a brown fur, except the edges, which were red; the bowels constipated; pulse 145. I prescribed three grains each of mass. hydrarg., pulv. rhei., and creta preparat, to be followed by castor oil in four hours. After the action of the oil on the bowels, the pulse remaining the same, and the skin dry, I used a mixture composed of sal. tartar, 3 ss, mucil. g. acac. 3 vi., tart. ant. et pot. gr. $\frac{1}{2}$ and paregoric 3 ss, in papspoenful doses, every two hours, for ten or twelve hours; after which, the mur. tinct. iron was begun with and continued in doses of ten drops, three times per day, until this morning, when it was deemed no longer necessary. This case is alluded to, simply on account of the obstinate character of the ulceration and inflammation of the throat. I have used the mixture of silver in different proportions to the ounce of water without much benefit until yesterday, when a solution of twenty grains to the ounce was used. Gargles of tannin and pyroligneous acid, were also resorted to as auxiliaries during the intervals that the caustic was suspended. A circumstance worthy of note was, that little or no swelling or enlargement of the glands of the neck occurred during the entire case. After the solution was used, as just stated, two or three times, without any perceptible improvement in the ulceration, I applied the solid nitrate of silver with complete success.—*Charleston (S. C.) Medical Journal and Review.*



Iodine Injections in Leucorrhœa. By THOS. T. RUSSELL, M.
D., Pattersonville, La.

It is not my design, in this communication, to enter into any theoretical inquiries respecting the nature of leucorrhœa, or the *modus operandi* of the remedy I propose for its cure; my object being simply to give the results of my experience in relation to iodine as a remedial agent in this obstinate, and in many cases, intractable disease; and in doing which, I shall record facts, well assured that one well-attested fact contributes more to the advancement of the science of medicine than three-fourths of the theories to which the press has ever given publicity.

I consider this disease to consist in inflammation of the vagina or the internal cavity of the uterus, or of both; and in the majority of those cases which have continued for a number of years and resisted the ordinary modes of treatment, ulceration to a greater or less extent will generally be found to exist. For this condition, I have found no remedy equal to iodine; and, in illustration of its effects in my hands, I will briefly detail several cases from a number that have come under my observation:—

CASE I.—In July, 1848, I was requested by Mr. W——, to visit Grace, a favorite mulatto servant, aged 48 years, who he informed me, had leucorrhœa of twelve years' standing; had been under the care of a number of physicians during this period, and had been subjected to a great variety of treatment, but without avail. I found her confined to bed, very much debilitated and emaciated, face cadaverous, pulse quick and feeble, skin cool, urine scanty, severe pains in the lumbar and pelvic regions, and œdema of the lower extremities.—The vaginal discharge often escaping by gushes, was excessive, and her general health had become seriously involved from the effects of this long-continued drain to the constitution. Upon examination per vaginam, the vagina, os, and cervix uteri were found to be in a sub-inflamed condition, and denuded of epithelium. The os was partially everted, and when deprived of its adherent mucus, presented a vermilion color. The external cervix was enlarged, indurated, and ulcerated. The body of the uterus was sensibly enlarged, and descended within two inches of the os externum. The secretions from these several parts varied essentially in character, and when discharged externally resembled somewhat, in quantity, consistence, and color, the yolk of an egg intermixed with purulent and sanguinolent matter, and all blended in a thick, opaque, tenacious plasma.

Ascertaining that she had never used iodine in any form, and believing it would afford her relief, I ordered the aqueous solution of the following strength to be thrown up the vagina twice daily, and retained several minutes, the parts being previously well syringed with warm water and castile soap, and the patient placed in a horizontal position with the hips elevated:—

R. Iodini gr. i; potass. iodid. gr. ii; aquæ pluvialis 3i. M.

As this solution ceased to create any sensation of warmth or excitement in the parts, it was gradually increased to treble its strength. The muriated tincture of iron in the proportion of twenty drops three times daily was given as a tonic.

Under this treatment, with a nourishing diet, she soon began to improve; the irritated condition of the parts gradually subsided, the muco-purulent discharges by degrees ceased, the cervical ulcers regularly healed, and at the end of three months from its commencement, she had regained her health and strength to such an extent as to enable her to resume her occupation as cook to the family. I may add, that her mam-mæ, which were very small and flaccid, became full and enlarged while under the influence of this medicine, and for several weeks secreted rather copiously a brownish watery fluid. This secretion being tested with starch, produce the characteristic blue color, showing that the iodine was absorbed.

CASE II.—August, 1848. Mrs. W—— consulted me; she was aged 19, small and delicate figure, had been married four years, and dates the commencement of her present “weakness,” to an abortion which occurred about six months subsequent to her marriage. Prior to marriage was remarkably healthy and active. At the time I saw her, she was anemic and emaciated, countenance chloric, eyes sunken, pulse feeble, menstruation painful, and either scanty or profuse. The vaginal discharge was constant and copious, muco-purulent, slightly streaked with blood, and very offensive. An examination, with the speculum, revealed an irritated condition of the vagina, with relaxation and loss of its natural rugæ, and accompanied by a partial displacement of the uterus. The cervix was enlarged and indurated, with several ulcers upon its external surface. She had never submitted to medical advice, contenting herself with the use of some simple domestic remedies. Correcting the torpid condition of her liver by means of the usual remedies, I prescribed the aqueous solution of iodine and the muriated tincture of iron as above, recommending a nourishing diet, with free exercise in the open air.

She gradually improved under this plan of treatment, and

in a few months her general health was re-established. She has, I understand, continued well ever since.

CASE III.—*October, 1850.* Mrs. G——, æt. about 27, large frame, mixed temperament, five years married, but has never been pregnant. Says that she was never “sick” previous to marriage, but subsequent thereto has always been in “delicate health.” Has enlargement and induration of the liver and spleen, sequelæ of the intermittent fever, menstruation irregular and profuse. She was sallow and exsanguined, and exhibited, in a great degree, that long train of symptoms consequent upon an obstinate and protracted leucorrhœa.—The vaginal discharge was constant, but variable in quantity and quality. Occasionally, it was thin and acrimonious, often viscid and scanty, but usually purulent or muco-purulent, and excessive. The cervix was soft and tender to the touch, and when seen by the speculum was found enlarged and presenting a dark grayish appearance. The os was patulous, with tumefied edges, and of a reddish tint. A slight abrasion was found on the posterior lip.

Astringent vaginal injections—as the nit. argent. acetat. plumbi, &c., were advised, and to relieve the enlarged and indurated condition of the liver and spleen, I prescribed the following:—

R. Prot. iod. mer. ℥i ; pulv. aloes ℥iss ; ext. hyoscyami ʒi . M. Div. in pilulæ xxiv. One pill to be taken every night; at the same time five drops of nitro-muriatic acid in a wine-glassful of the infusion of gentian, three times daily, was administered. Under this treatment, the visceral derangements totally disappeared in about eight weeks, and her general health was greatly restored.

The leucorrhœa still continuing (no benefit having resulted from the use of astringent injections), and no amelioration in the condition of the parts being found on a second vaginal examination which was now made, I ordered the aqueous solution of iodine and the muriated tincture of iron as above recommended. In six weeks after using these remedies, she declared herself well; shortly afterwards became pregnant, and was in time delivered of a fine healthy child.

Other cases could be adduced to prove the remedial powers of iodine as a local remedy in leucorrhœa, but as they are somewhat similar to the above in all essential particulars, it is unnecessary to introduce them here. Regarding the disease as being essentially a local one, our mode of treatment is principally local, and applied by means of a proper syringe to the parts affected. The preparation should at first be made weak, and gradually strengthened as the parts become accustomed to its application. The mildest preparation is frequently disagreeable, and sometimes painful, but these sensations are only momentary.

We have used it varying in strength from one to four grains of iodine with double the quantity of the iodide of potash to an ounce of water. It may be applied once or twice a day, or once every second or third day, as occasion may require. In some of the severer forms of this complaint, attended with considerable abrasion and ulceration, the diluted tincture may be used with great advantage.

Its curative powers are far greater than the nitrate of silver, which, in our hands, often seemed to exasperate the complaint, or any other remedy with which we are acquainted.

As an internal remedy in leucorrhœ, iodine has been recommended by Goden, Broglie, and other continental physicians; but in our hands, notwithstanding the genito-urinary organs appear to be more susceptible to its action, it has proved of little or no value; our experience with it, in this respect, coinciding with that of Eberle, Barbour, and others of our own country.

Muller, Gimelle, and Jewell applied in the form of ointment to the inner sides of the thighs with success, and are advocates for it.

We have never seen or heard of iodine being used as recommended in the foregoing, and do not know whether there is any originality in it; neither do we care; our object being simply to call the attention of the profession to it, with the hope that they may be so far influenced by our humble testimony in its favour as to be induced to give it a fair trial. If so, and it proves but half so successful in their hands, in relieving their fair patients of an obstinate and disgusting disease, as it has done in ours, we shall feel amply rewarded for the little trouble this paper has cost us.

NOVEMBER, 1853.



EDITORIAL AND MISCELLANEOUS.

MEDICAL JOURNALS:

The "venality" of their Conductors, and the blackguardism of their Correspondents.

No man, who has any sense, ever expects to find all the articles in any Medical Journal wholly unexceptionable in every point of view. No man expects to find everybody agreeing with him in sentiment on every topic. No editor desires to restrict a correspondent or contributor in the honest and fearless expression of his opinions. The largest latitude is not only permitted, but doubtless desired, by both readers and conductors. But there is, it seems to us, a limit beyond which a writer ought not to feel himself at liberty to go—the limit of common decency. If he is not able to restrict himself thus far, let him hold his peace. If he does not understand and appreciate the proprieties of life, let him not *thrust* himself into a position in which he is sure to violate them. A man had far better never touch pen to paper, than write not only what is untrue, but which seems to be maliciously so.

These remarks are called forth by a very extraordinary article appearing in the last number of the "Western Journal of Medicine and Surgery,"—an article, which, we are sure, must have struck the great mass of its readers, as being equally remarkable for its lack of logic and its plenteousness of spite.

This article purports to be a review of a recently published treatise on Anatomy. We have not had an opportunity of examining the volume referred to, and know nothing consequently of its merits. We have, however, the pleasure of an acquaintance with its author, and know something of his high qualifications for the work he has attempted, and—we are happy to believe—very successfully accomplished.

We are not acquainted with the name of his reviewer, and sincerely regret that the first extended notice of the book, we have seen, should be from such a pen. We are afraid that

the (doubtless) just praise accorded to the book, will be more than nullified by the ill-natured, not to say disgusting comments on the present state and future prospects of our national medical literature, so abundantly sprinkled through it.

The Critic, in justifying the publication of a new treatise on Anatomy, enters into an exposition of what he supposes to be the causes of the poverty of the literature of American medicine, and assigns therefor four reasons—viz: the absence of an “International Copyright Law”—the recommendation of foreign works, mainly, by our medical schools—the editing by American physicians of foreign reprints—and finally, the *venality* of the medical press.

With the twaddle of the first, we have nothing to do; and to the unfairness of the implication in the second, here stated, we have nothing now to say. The insinuation in the third, we do not altogether comprehend. In our understanding of it, it is very disgraceful to the persons referred to, if true,—even more disgraceful to the Critic, if false.

The statement is very broadly made, that some Physicians, occupying high places in this country, have not scrupled to sell their names to, and prostitute their influence in behalf of foreign reprints, for a miserable bribe.

“It used to be, and probably still is,” says the critic; “an easy matter for eastern publishers to hire men to become sponsors for foreign works, and to *lend them for the paltry sum of fifty or a hundred dollars, their names and their influence*. Thus endorsed they often acquire, like spurious coin,” &c., &c.

Certainly, the vast majority of the medical gentlemen who have edited for the publishers, and introduced to the profession of America, works written by their brethren abroad, are men of high character, and above the suspicion of such contemptible dishonesty. We, in the innocence of our hearts, supposed that they had generally some desire to extend to their professional brethren the benefits of the experience of physicians elsewhere, who had enjoyed more extensive opportunities of observation and practice; or that they wished to unite the joint experience and observation of *two* hemispheres, in the progress of science toward the amelioration of

disease. Or—taking the lowest and most suspicious view of the matter—that they had desired to link their own names with those better known, and thus be dragged by skirts of the author into genial regions of renown. It is possible, however, that we were mistaken, and that the critic knows better; for, if the right person has been designated by common report as the author of this review, he has been himself an editor of a reprint, and “sponsor for a foreign work,” and is entitled, therefore, to know how much publishers *pay* for “editors.” and “sponsors.” We leave him and them to settle that matter as they please.

To the last reason named, however, we, as the conductors of a Medical Journal, have a word to say in reply. Not by way of refutation; for that would be undignified; but simply by way of branding the statement made by the critic, unworthy, uncalled for, indecent and malevolent.

Hear him:—

“Another evil which greatly operates to our disadvantage, and the extent of which can be fully appreciated only by those who are thoroughly acquainted with its nature, is the *VENAL* character of a portion of our medical press. Every publisher in the country knows that he has only to send a copy of his reprint to the editors of our medical journals, to obtain from these *guardians* of the profession a flaming puff, or a fulsome notice of the English, Scotch, or Irish emigrant.—For the sake of increasing their libraries, at a cost *apparently* so cheap, *FEW of these gentlemen hesitate to sacrifice their personal independence* and the true interests of our domestic medical literature. The effect of such a course is to give undue weight and importance to foreign works, and to induce the belief, both in and out of the profession, that we are incompetent to supply our own wants by our own resources. That there are noble exceptions to this statement is unquestionable, *but they are mere exceptions, not the rule. They are like angel visits, few and far between.* We do not deny to foreign works the right to be heard; they should be heard, and be heard deliberately, in the spirit of true and candid criticism; their claims to public confidence should be freely canvassed and honestly presented; all that we protest against is the *indiscriminate and wholesale system of puffing, so characteristic of the medical press of this country.* Editors guilty of the conduct here alluded to, deserve to be branded as the Arnolds of our profession; for they would not scruple to betray our best interests, and barter away our birth-right for a few shekels of silver.”

* * * * * "There being no international copyright law, the foreign works can be furnished at nearly half the cost of the native; and, when we add to this circumstance the *venal puffs* with which these reprints are usually ushered before the American profession, it is not difficult to perceive which work, all other things being equal, will gain the victory."

We do not wonder that the able manager of the very respectable journal in which this review appears, felt it proper, in his own gentle way, to repel in his editorial columns, this unbecoming accusation, and pronounce his "learned correspondent" "hardly just to those who have control of the medical press." It would have been better if he had either refused to have published the charge, or having published it, had denounced it in the severe terms it merited.

The man who made it knows perfectly well, that the most of the journals in this country do not bestow any space to the *critical analysis* of any works, foreign or domestic; or if any, it is very small, and not adequate to this purpose for more than a slight proportion of the volumes issued monthly from our prolific presses; that all that *can* be published, therefore, as to most of them, is a mere bibliographical notice; that few, save the best and standard works, are reprinted; and that so far as the receiving of these works from the publishers goes, it does not matter one whit, whether the notices subsequently written are complimentary or not. He knows, too, that every native work receives from the great body of medical journals its full meed of commendation,—and none ought to know better than he, (if, again, public opinion as to the identity of the critic is not erroneous,) that in their zeal to establish a national medical literature, they have, at least once, diligently sought for the best points in a book to commend, and have, apparently, avoided with a studiousness unmistakeably kind and encouraging in its intention, noticing the extent of its plagiarisms from these same "foreign reprints."

How it may strike our co-libelled brethren of the press, we do not know, but this whole charge of *venality* seems to us to be merely an effusion of the envenomed spite of a "native" author, who had failed to palm off on the medical men of this

country some work of his own, or some compilation of others' ideas, unsaleable from its trashiness or its unblushing theft.

As members of this respectable class of men, villified in this wholesale way, we pronounce the accusation a calumny, and its author a slanderer.

THE PRACTICE OF MEDICINE IN CHINA.

A FRIEND TRANSLATES FOR US THE FOLLOWING :

L'Union Medicale copies from a Russian journal, the following remarks on the teaching and practicing of medicine in China :—

In China, Medicine is not taught in special establishments, and no examination is necessary in order to practice medicine. Whoever finds the vocation convenient practices this art from interested motives.

It is true, that for two hundred years, there has been a regulation concerning the practice of medicine, according to which, the candidate for the degree of Doctor of Medicine must undergo an examination, that is to say, must write a thesis on some proposed subject. If, after two examinations he received a favorable note, he was received as a physician to the court. But now the examinations are a form, and honorable positions are obtained by favor.

From all time, medicine, in the Celestial Empire, has held a middle place between a trade and an art. In the villages and unimportant cities, the earliest inhabitant is the astrologer and doctor. Go into any street you please, on all sides, signs are hung out at the windows and doors, with the name of the doctor and gratuitous certificates of friends who boast of his talent.

In the street where the hotel and convent of the Russian Mission are situated, (in a quarter of a mile), nine of these signs may be counted.

These out-door Esculapians are, for the most part, persons who have been obliged by circumstances to change their business; for example, dismissed functionaries, superannuated apothecary cubs, broken merchants, some tourists, chroniclers of marvelous events, &c.

These fellows sell all sorts of secret remedies, plasters, pills, powders, &c. They expose their merchandise in public places, in the temples and streets, and endeavor by fine speeches to extort money from the passers-by. Some, inventors of a plaster that cures all evils, have large colored pictures, with which they demonstrate the anatomy of the human body. Others, practicing acupuncture, establish themselves at the crossings, blow in their instruments, arrange their *stalls*, and when a crowd collects, they announce that they are from such and such a province, or of such a family, that they are descendants of the celebrated acupuncturer, Li., and that they have at last discovered that spot on the human body where bleeding can be practiced to the most advantage for the cure of all manner of diseases.

The oculists arrange before them a little table where hang images of two enormous eyes, with the nomenclature of the diseases which may effect the organ of vision. Many of their brother oculists prefer to adopt the proceeding of the celebrated oculist of their country who paraded at the fairs mounted on a black ass, the saddle of which served as a counter for displaying his drugs. The dentists are surrounded with trophies of their art; masses of extracted teeth, which are not always human. It is an odd thing that this latter class are noted for a complete taciturnity—the others are prodigiously loquacious.

Essay on the Mechanism and Management of Parturition in the Shoulder Presentation; by Wm. M. BOLING, M. D., of Montgomery, Ala.

We are obliged to the author for the pleasure he has given us by his admirable essay on this important and difficult obstetrical point. He is evidently a student, a reader, a thinker, and an observer; and, beyond a doubt, richly merits his high reputation as an accomplished Physician. We wish he would write oftener.

The *New Jersey Medical Reporter* has lately lost its able editor. Dr. G. M. BUTLER now has charge of it.

By the decease of the lamented Dr. HESTER, the *N. O. Medical and Surgical Journal* has passed into the hands of Dr. BENNET DOWLER, whose reputation is a guarantee of the ability with which it will be conducted.

The *Stethoscope* has recently become, by purchase, the property of the State Medical Society of Virginia; the late talented editor, Dr. GOOCH, having given place to an editorial committee of the Society.

While we distrust the wisdom of the change, and doubt the policy of the move, we are very far from joining in the evil prognostications which our brethren of the press have so freely indulged in; and we trust that a long career of usefulness and prosperity is before this admirable journal.

We are happy to welcome among our exchanges the *American Medical Monthly*, a new journal recently established in New York. We hope that the able corps of editors will make it worthy of a large and ample support—though we cannot help thinking, as suggested by a lively “exchange,” that it ought, in truth, to be called the *New York Medical Monthly*.

We commend to our readers the *Scalpel*, published at New York, and edited by Dr. DIXON, as one of the most fearless, able and independent journals now issued in America. The name is eminently suggestive of its contents. We know of no more readable journal in the whole country. Published quarterly at \$1 00 per annum.

We chronicle few events with more satisfaction than that of the appointment of Dr. CHIPLEY, as Professor of Theory and Practice, in the University of Transylvania. Dr. Chipley is well known to the profession of Kentucky as a gentleman and a scholar, as well as an able writer, and a luminous speaker. The friends of this venerable institution may rest assured that nothing is lost and much is gained by this appointment.

We are indebted to Mr. Henry Morton, of this city—who, by the way, keeps a very large assortment of valuable books, medical and miscellaneous—for a copy of a "*Clinical Report on Chronic Pleurisy*, based on an analysis of forty-seven cases, by AUSTIN FLINT, M. D.; Prof. Principles and Practice of Medicine, in the University of Buffalo, N. Y., and in the University of Louisville, Ky.;" and a copy of the same author's "*Clinical Report on Dysentery*, based on an analysis of forty-nine cases; with remarks on the Causation Pathology and Management of the disease."

We refer to these reports now, simply by way of expressing our satisfaction at the manner in which they are gotten up, and the general excellence of their matter. Hereafter we may recur to them and analyze their contents.

RANKING'S Half-Yearly Abstract, No. 18, (Lindsey & Blakiston) and Braithwaite's Retrospect, No. 28, (Stringer & Townsend) bring to us their usual quantity and variety of facts observed and opinions expressed by the leading medical writers of the day. It is a great pity, that so many facts in medicine are *not* facts, and that so large a proportion of opinions are not worth having. If it were otherwise, these volumes would be invaluable. Even as it is, they are better worth the money they cost than any other periodicals we know of.



KENTUCKY MEDICAL RECORDER.

VOL. III.

LOUISVILLE, KY., MAY, 1854.

NO. 9

GLANCE AT THINGS TO BE REMEMBERED BY THE PRESCRIBING PHYSICIAN.

BY H. M. BULLITT, M. D.

The action of medicines is so much influenced and modified by certain varying conditions of the organism, that it would be impossible to anticipate their effects without a previous due consideration and appreciation of such conditions.

Organic structures are the subjects of ceaseless change.— The vital organic conditions which obtain to-day, may cease to exist to-morrow, under the influence of the molecular metamorphoses, which appertain to every organism, as the fundamental condition of its existence. Age, mode of life, habit, occupation, morbid conditions of body, states of mind, climate, sex, temperament, idiosyncracies, are capable of determining peculiarities in the states of molecular life, and hence must be duly attended to in connection with every case of disease, if we would understand in advance the manner in which the system is likely to be affected by our medicines.— No cause can be expected to produce an invariable effect, unless the circumstances under which it acts are the same. No agent can always produce given results, unless it is made to operate under precisely similar conditions. To obtain uniform results it is not simply sufficient that the qualities and forces of the agent should remain unchanged; it is equally necessary that the thing acted upon should retain its peculiar properties and susceptibilities.

Now, the human organism is continually undergoing changes, and different individuals have their individual peculiari-

ties, congenital or acquired. So that we cannot confidently rely upon obtaining a given effect from any given medicine, in the case of any particular patient, simply because such effect had been obtained upon a former occasion. Nor can we be certain that because it has produced a particular effect on one person, that it will therefore produce the same effect on every other individual to whom it may be administered. Before we can use medicines with any degree of certainty, we must be familiar with all the various circumstances and conditions of organic existence, which may tend to vary or modify their effects. Thus, we should understand the influences which are exerted over the organic susceptibilities by age, habit, idiosyncrasy, sex, temperament, &c., &c., since without such knowledge we must be continually disappointed in the effects of our remedies. It is unquestionably in the neglect of these and other modifying influences and conditions, many of which are readily appreciable, that we shall find the true explanation of the contradictory reports of good observers in regard to the action of given remedies. The study of this subject is of the greatest practical importance, and in the absence of any novel theme, we propose to recal the attention of our readers, in brief and general terms, to the consideration of topics which have doubtless often engaged their attention, but the practical bearing of which we are all too apt to overlook or lose sight of, in the hurry of every day prescription.

In considering the effect of *age* in modifying the action of medicines, it is necessary to attend particularly to the three important periods, of infancy, manhood and *old age*. Each one of these is marked by certain peculiarities in regard to susceptibility to medicinal impression, which must be borne constantly in mind, but it must also be remembered that these peculiarities are not determined by the mere lapse of time, but are connected with and dependent upon certain stages or degrees of organic evolution or decadence. Some children, for example, retain the peculiarities of infancy longer than others, and some persons are the victims of decrepid age at a period of life at which others are in their prime. Every seven years of human life has been supposed to bring about

characteristic changes of organic or vital condition, and to each septennial period are assigned by some writers on this subject, certain peculiarities in regard to exercise of function, tendency to disease, and susceptibility to the impression of medicines. Such a division may offer some advantages in enabling us to understand physiological and pathological peculiarities, but the modifying influences of age on the action of medicines, may be sufficiently appreciated for all practical purposes, by attending to the three periods of infancy, manhood, and old age.

The ordinary suggestions of analogy would teach us that during infancy, when most of the structures of the body are but partially developed, and when all are undergoing the rapid changes incident to the more energetic movement of nutritive processes, necessary to its daily increase of size or growth, that there must be greater susceptibility to the influence of external or medicinal agents, than at a later period, when the organs have attained their full developement and are no longer subject to any other changes than such as are superinduced by the exercise of their appropriate functions. We have a right therefore to expect peculiarities during the period of growth, and in this expectation experience sustains us. Actual observation, indeed, fully sustains the suggestions of analogy in regard to the susceptibility of infancy to the action of medicines, as well as to the influence of disease producing agencies. It would be an easy matter to adduce examples without limit in proof of the striking peculiarities which characterise the period of infancy, but to do so would consume more space than we can devote at present to the subject, and besides would be traveling out of the path which we proposed at the outset to follow. Our present purpose is simply to vindicate the important modifying influences, without attempting to enter upon details.

In reference to the peculiarities of Manhood little need be said, since all of our ordinary observations in regard to the effects of medicines apply to this period. During this period, which extends from the age of twenty to fifty, as a general rule, we give medicines in full doses. In the administration of medicine to persons in the enjoyment of the characteristic

powers of manhood, we accomplish most good by the use of the full and efficient doses, indicated in the books, the posological tables being all prepared with reference to this period. But as we have already intimated, and shall presently more fully point out, manhood may be marked by peculiarities, induced in various ways, which demand careful attention before we can safely venture upon such decisive medication as is usually stated to be appropriate to it.

The striking characteristic of the *aged* is diminished excitability. The functions of old persons are more sluggishly performed, because the ordinary stimuli to vital activity are incapable of producing their wonted effects, on account of the diminished susceptibility to the impressions ordinarily made by them; and just in proportion as the organism becomes insensible to ordinary vital stimuli will it lose its capacity of being acted upon by medicinal agents, and also by agents which produce disease. Indeed, the diseases of old age are rather of the kind which result from impairment of power, from the loss of ability to carry on the organic processes, which are essential to the maintenance of functional activity. Thus the nervous system becomes less susceptible to impression, the intellectual power declines, the special senses lose much of their acuteness; circulation is retarded from the loss of irritability of heart, and especially from loss of tonicity of the arteries. The muscular system loses its contractility, as is strikingly indicated by the torpid state of the bowels, and the tendency to urinary retention. Now in consequence of these and other similar changes which are superinduced by old age, medicines intended to excite the different organs to functional activity must be given in increased doses, whilst such as are designed to depress power, as blood letting, must be employed with great caution. There are no general rules by which we can regulate, in all cases, the strength of our medication so as to adapt it to the precise condition of the aged. We must be governed by the opinion which we may form as to the extent to which age has made its inroads upon the constitutional powers. There are wide differences in different individuals as to the time at which age begins to make its approach manifest by effects; so that we are to be governed, not by mere lapse of time, but by the actual state of the patient.

The difference between the sexes in reference to the effects of medicines is similar in character to that between infancy and manhood. Females retain through life much of the susceptibility to morbid and medicinal impressions, which appertain to infancy. Hence, their diseases are to be treated less heroically than those of the other sex. But we are not in all cases to give smaller doses simply because the patient is a female. She must present the peculiarities of constitution which generally belong to the sex. Some women possess as much vital and physical energy as most men, and in the case of such we must regulate our treatment according to the circumstances of the individual case. We can of course only speak here of the general fact, leaving it to be remembered that every rule has its exceptions, especially when predicated of a thing so changeable as the human organism.

That the action of medicines is modified by climate will perhaps be too readily conceded. This, indeed, is one of the oldest dogmas of the schools; but notwithstanding the antiquity of the opinion, very little in reality is known upon the subject, and what we have to offer is rather the result of physiological inference than of actual observation. We learn from the books that the nervous susceptibility being more acute in warm latitudes, much smaller doses of narcotics will produce the desired effect in warm than in cold countries, and that this is true of most medicines. But we have admitted exceptions to the rule in the case of Mercurials and Quinine. The doctrine upon this subject has not been established by observation in such manner as to remove all doubt as to its correctness, but it is so generally adopted that we are at liberty to act upon the notion that the inhabitants of warm latitudes require smaller doses of medicine, all other things being equal, than those of colder regions. The two prominent exceptions to the rule just named, are susceptible of easy physiological explanation, so that they are apparent and not real exceptions. The influence of high temperature in determining increased activity of the liver, is so well understood that it will be readily conceded that it must often happen that this organ loses its susceptibility to ordinary medicinal impressions from long continued over action, and hence the difficulty in obtain-

ing the cholagogue effects of mercurials, which has given origin to the prevalent notion in regard to the necessity for large doses of this agent in southern latitudes. And in reference to Quinine, we know that the longer the patient has been exposed to the influence of malaria, the larger the quantity of this agent which will be required to relieve him from the effects of the poison. Now in most southern localities where Quinine is needed, we find all the conditions which are known to favor the generation of this poison, and hence the inhabitants of such places are annually exposed to its influence until their systems become so impregnated with it, or depraved by it, as to require large quantities of the antidote or corrective. But we do not desire to discuss these interesting questions at present. We need more extensive and accurate observation before we can speak confidently in reference to the effect of climate in modifying the susceptibility to medicinal impression.

It is difficult to understand how it is that the properties of the organism are modified by *habit*. It is a fact, however, familiar to every one, that by continued use the system becomes so accustomed to the action of certain external agents as to lose in time the property of being influenced by them. In illustration of this we need only cite the readiness with which the system becomes tolerant of the action of tobacco. This substance, when first used, will almost invariably produce distressing nausea and vomiting, even in the small quantities in which beginners are in the habit of taking it; but after a while habit establishes tolerance, and it may then be taken in considerable quantities without any unpleasant effect; the influence, indeed, becoming in time agreeably sedative. The effect of habit in modifying the vital susceptibility is eminently conspicuous in the case of medicinal action. Most medicines, when administered in repeated doses for any considerable length of time, will cease to exert their appropriate effects in ordinary doses, so that the dose must be increased, as a general rule, from day to day, to keep up any given impression. It is unnecessary to adduce facts in proof of this position, as its correctness will be readily conceded by every practitioner.

There is no doubt of the fact that, as a general rule, negroes bear larger doses of active medicines better than white persons. Their lower nervous susceptibility renders them peculiarly tolerant of narcotics and nervous stimulants; and in regard to counterirritants, greater strength of preparation or longer continued application will be found necessary. They are more insensible to pain, and hence disease may make fearful ravages before they become fully conscious of it. But when they do become conscious of suffering they have less moral fortitude, and make exaggerated complaint.

It is also said that some medicines, as opium, affect different races differently. Thus it is asserted that Malays and Japanese, both Mongolian, are intoxicated by this drug, whilst the white races are narcotized. This is, probably, rather the result of the different modes of taking it, or of habit, or of the influence of other modifying circumstances and conditions, and not dependent on the mere difference of race.

Again, the action of medicines is often modified by idiosyncracies. By this we mean peculiarities in regard to vital susceptibility, which have no obvious relation to organic development, and which can only be ascertained by experience. There are certain medicines in regard to the action of which these idiosyncracies are especially liable to be manifested.—Thus, opium will keep some persons awake, and calomel or mercurials of any description will certainly salivate certain persons in any dose, however small. These idiosyncracies should always be inquired into, and when once learned remembered, if we would retain the confidence of our patients; indeed, if we would avoid doing mischief.

Temperament is another important modifying condition.—For practical purposes we may distinguish four different sorts of constitution generally called temperaments. A great deal has been written upon the subject of temperaments, and for every fancied peculiarity of constitution a different temperament has been conceived; so that there is much that is absurd to be found in the books, and but little that is really valuable. The arrangement of these peculiarities of constitution under the four following heads will enable us to understand this whole subject sufficiently for our present purpose.

We have then—

1st. The nervous temperament, characterized by great susceptibility of the nervous system, and comparatively little muscular power.

2d. Sanguine temperament, known by great development of the vascular system. In persons of this temperament the functions are performed with great activity, but the strength is soon exhausted.

3d. The muscular temperament, characterized by great development of the organs of locomotion, (bones and muscles) but accompanied by low degree of nervous energy.

4th. The relaxed or albuminous temperament, marked by deficiency of power and imperfect performance of all the functions, with a soft and flabby condition of the solid.

Now the peculiarities of constitutional development and power, indicated as characterizing these different temperaments, are realities, and as may be readily inferred, the action of medicinal substances will be materially modified by them.

The influence of mental attention or expectation on the body is another question of much interest in the present connection. This influence is more strikingly manifested in modifying the action of medicines than in any other respect. On this account we are often compelled to humour the prejudices of our patients, by withholding medicines which may be suitable to their condition, but from which their prejudices may lead them to expect unpleasant or mischievous effects. In other cases we may obtain certain effects from almost any substance, simply by leading the patient to expect them.

Again, the difficulty in getting medicines to act at all, is often very great when we have to deal with patients who are under the influence of profound despair. Most practitioners have met with patients who seemed to have the power of resisting effectually the action of medicines.

On other occasions, when we have to deal with patients of cheerful and hopeful tempers, we are often most agreeably surprised at the unexpected happy effects of our remedies.—Without some knowledge of the beneficial influences which may be exercised over the diseased body through the agency or instrumentality of mental attention or expectation, the

physician would be wholly unprepared for the discharge of many of the highest functions of his calling. Coleridge has somewhere said, that "in treating nervous diseases he is the best physician who is the most successful inspirer of *hope*," and there is much truth in the remark. We often find that our success in the management of certain diseases, depends more upon our skill in controlling and regulating the mental affections of our patients, than upon the mere administration of drugs.

Morbid states of the body exercise decided influence over the action of medicines. There is extraordinary tolerance of the action of medicines in certain diseases, as of blood-letting and tartaremetic in acute inflammations, of mercury in fever, of opiates in painful spasmodic affections such as tetanous, &c.

The action of certain medicines may be promoted or counteracted by the food which is in ordinary use. Thus iodine may be rendered inefficient by a starchy diet, corrosive sublimate by albuminous articles, or calomel made more active by common salt. Thus we find that there are very many circumstances by which the practice of our art is constantly beset, which are likely to modify in a very striking degree, the action of our remedies; and unless we are prepared to appreciate them, we must be constantly disappointed in our expectations. Could we be always certainly apprised of the peculiar conditions of the organism which may result from the various influences to which it is exposed, we might rely confidently on the effects of our remedies: But these peculiarities are so various, and their appreciation so difficult, that we must expect contradictory reports and opinions in reference to most of the articles of the *Materia Medica*, until we can have their action tested under the observation of persons fully competent to discover and weigh properly the circumstances and conditions appertaining to the organism, by which their action is likely to be modified.

MESSRS. EDITORS:—Perhaps a little matter of fact pathology will not be unacceptable to your readers. Through the kindness of my friends, Drs. Lloyd and Thornberry, I have just witnessed an extremely interesting post mortem.

Mr. C., seventy-six years of age, has for about thirty years been liable to choke, and that liability has of late years increased. We are told that his Mother died choked by food she had attempted to swallow, and that one of his sisters, while laboring under a fatal disease, was the subject of frequent attacks of alarming choking. A second sister, also, has for twenty years been frequently troubled in the same way.

Mr. C. has, as we have said, on several occasions been seriously threatened with the accident which has just befallen him, viz: fatal choking. About three weeks since, eighteen days before his death, he attempted to swallow a piece of dried beef, and it lodged in his œsophagus. Nothing seems to have been done for his relief excepting the drinking of brandy, to which he was advised by a physician of this city.

Upon consulting Drs. Lloyd and Thornberry it was determined to attempt the removal of the obstructing body by the probang. The effort was made, the instrument passing nearly to the stomach was suddenly arrested, and no proper degree of force promised to dislodge the offending body. Small doses of ipecac were then given, with a view to their relaxing effect. It is regretted that, on account of the illness of Dr. Lloyd, his condition during the eighteen days of his suffering is not better known. We know his pulse was fast and weak; his thirst insatiable, with no power of retaining more than a teaspoonful of fluid at a time. Purgative injections were tried by the family, and afterwards nutritive ones were for a time used, but, as they were illy retained, they were soon abandoned. So he received, it appears, little or no nourishment from the time of the accident, and but little fluid.

To-day we made a post mortem, very interesting in several particulars. The stricture was found at two inches from the stomach. A slight contraction of the calibre of the tube was noticable for about half an inch, and a little above the stricture was a small pouch. The stricture was carefully ex-

amined; no thickening of either of the muscular or of the mucous coat was observed, nor was there a trace of a fibrous membrane.

Before everting the œsophagus the stricture was discovered so far to have obliterated the tube as to admit only the handle of the scalpel, and resting upon this stricture was the piece of meat, (which had been swallowed nineteen days before,) completely blocking up the tube. It retained sufficiently its consistency to be recognised as animal food.

So much for the cause of death. The aortic valves had osseous bases, and the fibrous ring of the aortic opening was partly ossified.

Not the least interesting changes were found in the abdomen. Mr. C. had labored under some form of rupture, we are told, since he was a young man, but farther than this we can learn nothing, except that no other of his family is known to have had hernia.

We noticed first an umbilical hernia as large as the smaller half of an egg, filled with omental fat, which was exceedingly abundant. Next, a large direct inguinal hernia on the right side, containing fifteen inches of intestine only, and on the same side a sac two and a half inches long, of a femoral hernia, which was empty, though communicating freely with the peritoneal cavity. On the left side we first observed a small direct inguinal hernia, containing a small portion of omental fat; its opening was large enough to admit one finger, and extended two inches directly forward. Three quarters of an inch to the left of, and a little above the internal abdominal ring, was an opening an inch in diameter, which communicated with a sac in the abdominal walls, extending a little forward and directly outward for somewhat more than two inches. This was an irreducible entero—epiplocele containing about five inches of intestine. The coverings of this tumor were the integuments, external oblique tendon, and a fascia crossed here and there with thin muscular bands, the remnants of the internal oblique and transversalis. The sharp external borders of the opening of this hernia, around which the intestine suddenly turned, felt like the falciform ligament in fe-

moral hernia, and might readily have been the site of a strangulation.

No anomalous distribution of arteries was observed. Of course, the epigastric coursed along the *inner* margin of the neck of the sac last described. The artery on the other side was three times as large as natural, and presented the peculiar brittle appearance occasionally observed in arteries of old persons.

Respectfully,

JOHN BARTLETT.

SELECTED ARTICLES.

ON THE PATHOLOGY AND TREATMENT OF THE DISEASES OF THE SCALP, POPULARLY KNOWN BY THE NAME OF RINGWORM. By WM. JENNER.—Of the varieties of the skin diseases, those affecting the scalp come, perhaps, the most frequently under our notice. Students, and even practitioners, are often extremely puzzled to diagnose these diseases of the scalp. This difficulty is partly due to the resemblance of some of them to each other, and partly to the fact that while some writers have given the same name to different things, others have given different names to the same thing.

Several of these scalp affections are popularly called ‘ring-worm,’ and you must have many times observed the anxiety with which the mother asks whether her child has the ring worm. The cause of her anxiety is, that she understands by the term she employs, a very obstinate and contagious disease.

I propose to consider, to-day, certain of these diseases of the scalp, which bear a highly important pathological, etiological and therapeutical relation to each other, although they differ very greatly in their readily recognizable physical characters.

You are aware that on the mucous membrane of the mouth, in one form of the disease termed aphthæ, microscopical parasitic plants are developed in enormous quantity; and that, in the stomach, not uncommon vegetable growths are *sarcinæ Goodsirii* and *torulæ cerevisiæ*.

It has been shown, that parasitic plants are also sometimes

developed on the skin and its appendages; and in several scalp affections, to which the popular name of ringworm has been especially given, (because they are obstinate and contagious diseases, having a tendency to spread in circles,) these parasitic vegetables are found in or around the hairs.

What is popularly meant by ringworm, was, by some of the older writers on skin diseases, expressed by the word *tinea*; but the technical name being found, as our knowledge advanced, to have no definite signification, gradually fell into disuse.

It has been recently proposed to employ this word *tinea* again, and to give it a precise signification. Under the generic name *tinea*, it is proposed* to include all diseases of the hairs produced, kept up, or attended by the development of parasitic plants.

In this genus are included the following species: *Tinea favosa*, *tinea tonsurans*, *tinea decalvans*, *tinea sycosa*.

Tinea favosa most commonly affects the hairy scalp, but now and then it is found on other parts of the surface. It is characterized by thick, dry, yellow crusts, which, if small, are circular in outline, and depressed in the center, cup-shaped. Passing through the center of each of these crusts is a hair. The large circular crusts have a diameter of $\frac{1}{2}$ inch, and appear as though made up of concentric rings, alternately yellow and brown in color. If the crusts are very large, they have an irregular shape; but still they indicate their origin from distinct centers by the semi-circular outline of the masses which project from their margin. These large, irregular crusts are pitted on their surface, and from their fancied resemblance to the cut surface of a piece of honey-comb, the disease has received the name of *favus*.

The margins of the large crusts rise considerably above the level of the cuticle; internally, they seem as though half buried in the substance of the cutis. Carefully detach the cutis, and a distinct layer of epithelium is found below them; examine the surface of the smaller crusts, and you will find a layer of epithelium covering them.

The hair, at an early period of the disease, can be pulled out from the center of each little crust with great facility.— Subsequently it *falls off*, and permanent baldness ensues.

The crusts, then, of *tinea favosa*, are remarkable for their thickness, dryness, brittleness, and depressed center. *Tinea favosa* is not a pustular disease, but it is said by those who have seen much of it, (it is a rare disease in London,) to be often consecutive to eczema, impetigo, chronic lichen, and herpes circinatus; pustules are sometimes formed subsequently to *tinea favosa*, in consequence of the inflammation exci-

*Bazin. *Recherches sur la Nature et el traitement des Teignes.*

ted by the crusts, and the injury inflicted on the scalp by scratching.

That *tinea favosa* was contagious, was placed beyond doubt by Remak. He bound a crust, removed from a patient suffering from this disease, on to his own arm; after a few days the crust and bandage came off, and there was no appearance of any effect having been produced. But fourteen days after, he felt the part itch, and in a short time a crust of *tinea favosa* formed on the spot.

Tinea favosa is said to occur chiefly in the scrofulous, those mentally weak, and those in bad health.

Tinea tonsurans is often mistaken for *herpes circinatus* of the scalp, with which it is now and then conjoined. It is characterized by pallor, discolorization, and brittleness of the hairs, and the presence of thin, white, powdery scales around the base of the hairs, and on the skin between them. The diseased hairs have been likened to tow. Their brittleness is sometimes such that every hair on the affected spot is broken off just above the surface of the skin. It is only when inflammation arises, in consequence of neglect, or the application of topical irritants, that crusts are formed on the patches of *tinea tonsurans*.

In *tinea decalvans* the hair falls out rapidly from one or more circular spots, leaving a smooth, bald surface. There is no eruption of any kind, no crusts, no scales.

Tinea sycosa is characterized by inflammation of the hair follicles. Sometimes the inflammation leads only to the effusion of serosity, and the exudation of lymph around and into the hair. At other times, and more commonly, pus is formed, and then when the pustule breaks, a brownish scab is formed on the surface. The usual seat of *tinea sycosa* is the chin, upper lip and cheek. *Tinea sycosa* rarely occurs on the scalp, and does not spread circularly: so far as I know, the name of ringworm has never been applied to it.

You will have remarked, then, from the characters of the species of *tinea* I have mentioned, that:

Tinea favosa is especially characterized by its crusts.

Tinea tonsurans is especially characterized by decolorization and brittleness of the hair.

Tinea decalvans is especially characterized by baldness not preceded or accompanied by an eruption.

Tinea sycosa is especially characterized by inflammation, tenderness, hardness, and suppuration of the hair follicles.

I told you that these diseases are arranged together in one genus, because in all a parasitic plant is developed in connection with the hairs. Now, the plant present is different for each species of *tinea*; and the situation occupied by the parasite is also different in each species of that genus.

In *tinea favosa*, the parasite is the *achorion Schonleinii*. This plant has mycelium, sporule-bearing branches, and sporules. The sporules are round or oval, and their diameter varies, according to Gruby, from 0.003 mm. to 0.01 mm.

The vegetable growth is first perceptible between the layers of the epithelium, just at the orifice of the hair follicle; from this point it may spread downward between the hair and its capsule, and upward around and in the substance even of the hair.

In *tinea tonsurans* the parasite is the *trichophyton tonsurans*. This plant is composed of spores only; the spores, however, are occasionally somewhat elongated, and arranged in a linear series. They are round or oval, and their diameter varies from 0.003 mm. to 0.01 mm.

The primary seat of the *trichophyton tonsurans* is the root of the hair; subsequently, it extends up into the substance of the hair, and even outward, according to Bazin, on to the skin between the hairs.

In *tinea decalvans* the parasite vegetable is the *microsporon Audouini*. This plant is formed of branched filaments, on which the spores are developed. The spores are very small; from 0.001 mm. to 0.005 mm. The seat of the growth is the outside of the hair; it forms a sort of sheath around the hair, from the surface of the skin upward, from 1 mm. to 3 mm; Gruby first described this plant, and its relation to *tinea decalvans*, and Robin says, he can confirm the accuracy of Gruby's description.

In *tinea sycosa* the parasite is the *microsporon mentagrophytes*. It is also composed of filaments and spores; but the spores are larger, and the filaments broader, than those of *microsporon Audouini*.

The seat of the growth is the hair follicle between the hair and the capsule.

I have told you the names I would have you employ to signify the diseases I have described and demonstrated to you; but you ought also to know the names employed by the writers on skin diseases most popular in this country, to signify the same things.

Tinea favosa, then is called *porrigo favosa* by Willan and Bateman; *favus* by Dr. A. T. Tomson, Simon; and many other writers.

Tinea tonsurans is called *porrigo scutulata* by Willan, Bateman, and Dr. A. T. Tomson; *herpes tonsurans* by Cazenave; and *trichinosis furfuracea* by Mr. Wilson.

Tinea decalvans is called *porrigo decalvans* by Willan and Bateman; *vitiligo* of the hairy scalp, by Cazenave.

Tinea sycosa is called *mentagra* by Willan and Bateman; *sycosis* by Mr. Wilson.

As to the etiological relation of the parasite to the disease, it appears that the spores of the vegetable growth require for their development a peculiar nidus. I say so, because all persons who mix with children suffering from tinea do not have the disease. But if a soil highly favorable to their³ growth exists, then a spore having found its way on to that soil develops and forms other spores, and so the parasite spreads over the surface of the individual more or less rapidly, according to the more or less favorable nature of the soil.

You will observe, however, that the abnormality of the secretion necessary for the development of these spores is not appreciable by our senses, nor by the sensations of the patient, for Remak did not know, when he applied the favus crust to his own arm, that his skin was not in all respects healthy; nor was he aware, when he removed the crust, that the secretions of his hair follicles differed from those of the most healthy individual; and it was not till a fortnight after, that he was conscious that his arm was diseased. This experiment of Remak, then, proves that a secretion in which these parasites can grow, may be formed by the hair-follicles, and the patient believe himself to be in perfect health, not only generally, but even so far as concerns his skin; and that it is only when the parasite has developed in the secretion, that what we call the disease begins; then it is that the growth of the hair is impeded, that it is altered in color and in intimate structure, that ultimately the hair falls out, and the hair-forming apparatus is so far damaged by the foreign body that it fails to construct even imperfect hairs; and baldness results.

It would appear, from the fact of a large number of children, whose scalps are supposed to be healthy, suffering from tinea tonsurans, when placed in situations where the spores of microphyton tonsurans are floating in the atmosphere, that many persons whose scalps are considered healthy, have in their hair-follicles a secretion suited to be the nidus of this plant.

The patient suffering from tinea comes under our care for the perceptible disease, and will be well contented if we can cure him of that; but it would be better if we could also destroy the susceptibility to the disease—if we could bring the hair-follicles into a state in which they no longer secrete a nidus in which the plant can grow.

Strumous and weakly children, especially if dirty in their persons, are more frequently than others the subjects of tinea; therefore, it has been inferred that struma, debility, and dirt favor the formation of the secretion in question. In the treatment of tinea, then, we strive to enforce personal cleanliness. to strengthen the patient and improve his general health, and

to destroy the parasite. As to the first and second objects, they are to be effected by attention to hygienic rules, ablution, air, exercise, and diet, tonic medicine, and cod-liver oil especially, are in some cases useful. But you may kill the parasite in all cases, and in many cases cure the disease, by topical applications alone. Agents, the effect of which is to destroy directly the parasite, are called "parasitocides."—Several agents having such an action have been brought before the profession. Some physicians use a solution of corrosive sublimate. Acetate of copper has been also employed; but these agents are not sufficiently powerful parasitocides for the small quantity of them that finds its way into the hair-follicles to kill the growths occupying that situation. Therefore, Bazin, who is one of the greatest advocates of their employment, with the especial object in view of killing the parasites, and not modifying the secretion, says that it is essential for their efficient action that epilation be performed; that is, that the hairs be forcibly removed from the affected parts.—He says, that only two or three hairs should be taken hold of by the pincers at the same moment, and that if this rule be observed, and diseased hairs alone be operated on, the patient suffers no pain from what seems, on paper, a very terrible operation.

It is highly probable that the employment of sulphurous acid, as a parasiticide, will altogether do away with the necessity of epilation. This agent was suggested by Prof. Graham, as a possible remedy for cholera, at the time that disease was supposed to depend upon the presence of entophytes in the intestinal canal. It was first employed by myself to check fermentation, and to destroy the *sarcinæ* Goodsiri and *torulæ cerevisæ*. When lecturing on this subject some time since, I said: "Considerable benefit may be anticipated from the employment of sulphurous acid, in all diseases attended with the development of parasitic plants. I would especially mention porrigo."

In regard to porrigo (*tinea favosa*), these anticipations have been fully realized, and the results of a single case make it probable that the beneficial effects of this parasiticide will be equally great in *tinea decalvans*.

I may mention, too, that in some forms of trush, this agent acts most rapidly, one application of a solution of sulphite of soda* (3j. to 3j. of water,) sufficing to remove the disease from the mucus membrane of the mouth in twenty-four hours. The secretions of the mouth being acid, (?) the salt is de-

*Several medical men have lately administered the hypo sulphite of soda, instead of su phite, but the latter is the preferable salt, and for the reason that when the hypo-sulphite is decomposed by the hydrochloric acid of the gastric juice, not only is sulphuric acid liberated, but sulphur is precipitated,—a substance that it is often undesirable to have in the stomach.

composed and sulphurous acid is set free; in this, as in all other cases, the sulphurous acid is the active agent in the destruction of the parasite.

I can not conclude without expressing my confident belief, that a great advance was made in pathology when the vegetable nature of the disease I have referred to, as well as some others, was demonstrated; and my equally confident belief that the foundation for a great advance in therapeutics was laid when Professor Graham called attention to the power of sulphurous acid to destroy vegetable life, and explained how it could be given internally without injury to the patient.

RECOVERY AFTER A LARGE DOSE OF HYDROCYANIC ACID.—By W. M. Burman, M. R. C. S. E., Wath-upon-Deane. The occurrence I am about to relate took place on August 6th, 1853, at six, P. M.; but before going into detail, I must premise that my father and myself are practising together and use the same surgery. We keep our Scheele's hydrocyanic acid for dispensing, much diluted—namely, in the proportion of one minim of the acid to a fluid drachm of water; this is kept in a four ounce, purple glass bottle. It so happened that a short time previously, we had received a fresh supply of Scheele's acid in a bottle precisely similar to the one in which we keep our very dilute acid. This strong acid was put into a cupboard under lock and key, but on the day in question, had been taken out to replenish the dispensing bottle, and then left on the surgery counter. Soon afterwards, my father returned from his afternoon ride, and being troubled with slight dyspepsia, went into the surgery, as was his habit, and mixed himself a draught containing a little aromatic spirit of ammonia and bicarbonate of soda in two ounces of water, adding to it a fluid drachm of the *very dilute* acid, *as he thought*, but he took it out of the bottle of Scheele's acid standing on the counter. He drank this off, noticing nothing peculiar in the taste. In a few seconds afterwards, upon looking at the bottle, he thought the label appeared cleaner than usual, and the idea flashed upon his mind that perhaps he had taken the strong acid. A glance at the proper dispensing bottle, which was in its place, confirmed this. He directly poured half an ounce of aromatic spirit of ammonia into the measure, and drank it, *he believes*, without water, but he may have added some. He then walked into the house to the bottom of the stairs, (a distance of about

sixteen yards,) and called me; I came down stairs directly, and went into the surgery, where I found him standing at the counter with a glass measure in his hand. He said, "I have taken a drachm of that acid; what can be done?" adding, "I have since taken half an ounce of aromatic spirit of ammonia." There was nothing in his appearance to attract my attention, but he spoke hurriedly, expiring deeply at the same time; he then sat down on a chair. I immediately put some crystals of sulphate of iron into a measure, adding one drachm of the tincture of the sesquichloride of iron, and one ounce of water, stirring the mixture vigorously, to get as many of the crystals dissolved as possible in the time, and gave it to him to drink, which he did. I had no liquor potassium at hand, or I should have added some to the mixture before giving it to him, to precipitate the mixed oxides of iron; as it was, I was obliged to trust to the ammonia he had taken.—My object in giving him this was to endeavor to get the mixed oxides of iron in contact with, at least, part of the acid in the stomach, and thus to convert it into Prussian blue, as suggested by the Messrs. Smith, of Edinburgh. Directly after drinking this, he began to breathe deeply, passed his hand over his forehead and top of his head and said, "Oh, I feel very queer; had I not better go out of doors?" I said "Yes," and with my assistance he staggered out, and dropped senseless in a sitting posture on a stone step at the surgery door. This was just about *two minutes* after taking the poison, as ascertained afterward by going through the same routine.—From this time he recollects nothing till twenty minutes afterwards. His breathing was now slow and very deep; his eyes turned up completely under the upper lid; pulse moderate in volume, but very slow and intermitting. I hastily took off his neckerchief, fetched a large pitcher of water, and poured it over the back of his head and down his back. This produced no apparent effect at the instant, but a few seconds after, he vomited a mouthful of glairy mucus. (This was nearly four minutes from the time of taking the poison.) I sent for another pitcher of water, and during the interval again examined the pulse, and found it slower than before, feeble, and threatening to stop altogether; respiration very slow and deep, irregular, with blowing expiration and puffing of the cheeks; a little frothy mucus ran from his mouth. At this period the relaxation of the whole body was as great as that of a person recently dead. I now gave him another dose of the iron mixture, as before, adding a little aromatic spirit of ammonia. By speaking loudly, shaking him, and pouring it into his mouth, I got him to swallow the whole of it. Meantime, the servant returned with another pitcher of water (about four pints,) which I instantly poured down his back

(five minutes after taking the poison.) This appeared to arouse him a little, and directly afterward he vomited about two ounces of a deep bluish green liquid; this I was glad to see, for I hoped that partial decomposition of the acid had taken place. The pulse and respiration were slightly quicker, and more regular; pupils still quite invisible; conjunctiva injected; face livid. After an inspiration more than usually deep, he opened his mouth wide, and stretched out his arms; a spasmodic flutter passed over the face, and then over all the body, and I expected fully to hear a scream, as I had generally noticed in animals, or that he was about to have a convulsion; but just as it began to pass off, he vomited twice, and seemed relieved by it. The vomited matter was still bluish-green, and this time mixed with pieces of half-digested meat, which had been taken at dinner, four hours previously.

I next gave him two drachms of aromatic spirit of ammonia in one ounce of water, and with some difficulty got him to swallow it. Having again filled the pitcher, I poured the water down his back as before, and directly afterwards he vomited two or three times—seven minutes from the time of taking the poison. The respiration and pulse were now very much better, the latter being quicker, and pretty regular.—Soon after vomiting, I noticed a little movement of the hands, apparently voluntary. I now hoped the immediate danger was passed—eight minutes—so I watched the symptoms for a minute or two, and then the pulse beginning to falter a little, I gave him two drachms of aromatic spirit of ammonia in one ounce of water, which, with a little difficulty, he swallowed. I tried to get him to speak, or to give any evidence that he understood what was said to him, but failed to elicit any sign of consciousness from him; still I considered him tolerably safe, for the pulse was pretty strong and regular, and the respiration, although deep, was quite regular; the countenance was also now regaining its natural appearance, and that extreme flaccidity of the limbs was nearly gone. After about five minutes more had elapsed—fifteen minutes—he opened his eyes and gave utterance to an ejaculation, and evidently understood, to some extent, what was said to him. Soon afterwards, he complained of his trousers being wet, and this is the first circumstance he remembers after leaving the surgery more than twenty minutes before. We presently got him into the house, and gave him a little hot brandy and water. I was now anxious to get him to bed as quick as possible, judging that rest in the recumbent position would most conduce to his recovery. After sitting ten or fifteen minutes, he was able, with great difficulty and with our assistance, to walk up stairs, but vomited several times during the transit.

We got him into bed, and soon afterwards turning to me, he said, "You should have used the cold affusion;" and seemed quite surprised when I told him that I had done so pretty freely. During the evening he took a simple effervescent draught now and then, and presently he dropped asleep. He passed a good night, and next morning complained of pain across the loins, but was otherwise pretty well, except a feeling of general weakness. I ought to have mentioned that my father is about sixty years old, and of a strong constitution.

A day or two afterward I analyzed the acid. I measured one drachm in the same two ounce measure that my father used, and put it into a minim measure; it filled up to seventy minims. I diluted this, and then added a solution of nitrate of silver till no more precipitate was produced. I repeatedly washed this precipitate, and dried it carefully for a long time; but to make sure that it contained no more water, I put it into a warm oven for an hour, during which time it lost nearly one fifth of a grain. It now weighed exactly twelve grains, which would be equal to 2.4 grains of anhydrous hydrocyanic acid, *the quantity my father took*. As 100 grains of the acid filled up 105 minims in the same small measure, this would give 3.3 as the per centage of the anhydrous acid in the Scheele's acid used.

I have been this minute, perhaps unnecessarily so, in the detail of this case, because it presents many points of unusual interest; some of these it may be well to recapitulate very briefly: 1stly, this is the largest quantity recorded (so far as I know,) after taking which recovery ensued; 2ndly, the quantity of acid taken was *measured*, being certainly no less than one drachm of Scheele's strength (at 3.3 per cent.) and being equal to 2.4 grains of real acid; 3rdly, the time at which insensibility supervened after taking the poison is accurately known—namely, *two minutes*; lastly, the good effects of the cold affusion, and the probable decomposition of part of the poison by the mixed oxides of iron.

ON THE VENOM OF SERPENTS.

By J. GILMAN, A. M., M. D., LL. D.

There is much in the history and habits of the reptile tribes, however repulsive they may be in appearance, that is very interesting. During a sojourn of two or three months in the interior of Arkansas, which appears to me to be the paradise of reptiles, I paid some attention to that branch of natural history called ophiology. I found four distinct varieties of rattlesnakes (*Crotalus*,) of which the *Crotalus Horridus* and *Crotalus Kirtlandii* are by far the most numerous.—The former is the largest serpent in North America. The family of moccasin snakes (*Colluber*) is also quite numerous, there being not less than ten varieties, most of which are quite as venomous as the rattlesnake. By dissecting great numbers of different species, I learned that the anatomical structure of the poisoning apparatus is similar in all the different varieties of venomous serpents. It consists of a strong frame-work of bone, with its appropriate muscles in the upper part of the head, resembling and being in fact a pair of jaws, but externally to the jaws proper, and much stronger. To these is attached by a ginglemoid articulation, one or more movable fangs on each side, just at the verge of the mouth, capable of being erected at pleasure. These fangs are very hard and sharp and crooked, like the claws of a cat, and hooked backwards, with a hollow from the base to near the point. I have occasionally seen a thin slit of bone divide this hollow, making two. At their base is found a small sac, containing two or three drops of venom which resembles thin honey. The sac is so connected with the cavity of the fang during its erection, that a slight upward pressure forces the venom into the fang at its base, and it makes its exit at a small slit or opening near the point, with considerable force; thus it is carried to the bottom of any wound made by the fang. Unless the fangs are erected for battle, they lie concealed in the upper part of the mouth, sunk between the external and internal jaw bones, somewhat like a pen-knife blade shut up in its handle, where they are covered by a fold of membrane, which encloses them like a sheath; this is the *vagina dentis*. There can be no doubt but these fangs are frequently broken off or shed, as the head grows broader, to make room for new ones nearer the verge of the mouth; for, within the *vagina dentis* of a very large *crotalus horridus*, I found no less than five fangs on each side—in all stages of formation—the smallest in a half pulpy or cartilaginous state, the next something harder, the third still more perfect, and so on to the main, well-set, perfect fang. Each of these

teeth had a well defined cavity like the main one. Three fangs on each side were frequently found in copper-heads, vipers, and others.

The process of robbing serpents of their venom is easily accomplished by the acid of chloroform, a few drops of which stupifies them. If, while they are under its influence, they are carefully seized by the neck, and the vagina dentis held out of the way by an assistant, with a pair of forceps, and the fang be erected and gently pressed upwards, the venom will be seen issuing from the fang, and dropping from its point. It may then be absorbed by a bit of sponge, or caught in a vial, or on the point of a lancet. After robbing several serpents in this manner, they were found after two days to be as highly charged as ever with venom of equal intensity with that first taken.

During the process of robbing several species of serpents, I inoculated several small but vigorous and perfectly healthy vegetables, with the point of a lancet well charged with venom. The next day they were withered and dead, looking as though they had been scathed with lightning. In attempting to preserve a few drops of venom, for future experiments, in a small vial with two or three parts of alcohol, it was found in a short time to have lost its venomous properties. But after mixing the venom with aqua ammonia, or spirits turpentine, or oil of pepperment, or of cinnamon, or of cloves, or with nitric or sulphuric acid, it still seemed to act with undiminished energy. It is best preserved, however, for future use by trituration with refined sugar or sugar of milk.

A very fine large cotton-mouth snake, being captured by putting a shoe-string around him, became excessively ferocious, striking at even the crack of a small riding-whip.—Finding himself a prisoner, without hope of escape, he turned his deadly weapons on his own body, striking repeatedly his well-charged fangs deeply into his flesh. Notwithstanding this, he was put in a small basket, and carried forward. In one hour after, he was found dead, and no amount of irritation could excite the least indication of life. Four hours after, while removing the skin for preservation, the blood oozed slowly from the vessels in a dissolved state. No violence was done to his snakeship, except what he did to himself.

Another moccasin, shot by a pistol about two inches back of the head, and skinned immediately, gave decided evidence of vitality four hours after being flayed, by wreathing the body whenever it was irritated by a scalpel.

A large rattle-snake beheaded instantly, with a hoe, would, an hour and a half after, strike at anything that pinched its tail. Of several persons who were testing their firmness of

nerve, by trying to hold the hand steady while the serpent struck at it, not one could be found whose hand would not recoil in spite of his resolution, and one man, a great bully, by-the-by, was struck on the naked throat with considerable violence by the headless trunk of the serpent, and staggered back, fainted and fell, from terror. Mr. Stewart, of Miss., tells me he witnessed a similar scene once. An old hunter shot a rattle snake's head off, and after reloading his gun and standing some time, he stooped to pull off the rattles, and the bloody but headless trunk of the snake struck him in the temple and he fainted and fell down with terror.

Seven venomous serpents belonging to five different species were made to fraternize and dwell amicably in one den. A beautiful pair of long-bodied speckled snakes, known as king-snakes, and found to be fangless, and consequently without venom, were duly installed as members of the family. Some uneasiness was perceivable among the older members, but no attempt was made to destroy the intruders, though they might have been killed instantly. The next morning four of the venomous serpents were found to have been destroyed by the king-snakes, and one was still within their coil, and the two remaining ones would make no effort at self defence. A large rattle-snake seemed stupid and indifferent to his fate. He could not be made to threaten or give warning even with his rattles. The smallest king-snake was afterwards inoculated with the poison of one of the serpents he had destroyed, and died immediately after—thus evincing that they must have exercised some power besides physical force to overcome their fellow-creatures.

In short, the results of a great number of experiments performed with the venom of a great variety of serpents, seem to lead to the following conclusions:

- 1st. That the venom of all serpents acts as a poison in a similar manner.
- 2d. That the venom of some varieties is far more active than that of others.
- 3d. That a variety of the colluber, known as the cotton-mouth, is the most venomous serpent in Arkansas.
- 4th. That the venom of serpents destroys all forms of organized life, vegetable as well as animal.
- 5th. That alcohol, if brought in contact with the venom, is to a certain extent, an antidote.
- 6th. That serpents do possess the power of fascinating small animals, and that this power is identical with mesmerism.
- 7th. That the blood of small animals, destroyed by the venom of serpents, bears a close resemblance to that of animals destroyed by lightning or hydrocyanic acid; it loses its power of coagulation and cannot be long kept from putrefaction.—*St. Louis Med. and Surg. Journal*, Jan. 1854.

DEATH FROM CHLOROFORM.—An inquest was held last Saturday at Sheffield, respecting the death of a Mrs. Harrop which occurred while under the influence of chloroform, administered to her during the removal of the left breast. The jury gave a verdict, that death resulted from the spinal apoplexy and disease of the heart.—*Med. Times and Gazette*, March 4, 1854.

THE MASSERANDURA, OR MILK-TREE.—In the virgin forests on the banks of the Amazon, we remarked some trunks much notched by persons who had been extracting the milk. The tree is one of the noblest in the forest, rising with a straight stem to an enormous height. The timber is very hard, fine-grained and durable, and is valuable for works which are much exposed to the weather. The fruit is eatable and very good, the size of an apple, and full of a very rich and fruity pulp. But, strangest of all, is the vegetable milk, which exudes in abundance when the bark is cut. It has about the consistence of thick cream, and but for a slight peculiar taste could scarcely be distinguished from the genuine product of the cow. Mr. Leavers, a friend with whom we were staying, a mill-owner, ordered a man to tap some logs that had lain nearly a month in the yard. He cut several notches in the bark with an axe, and in a minute the rich sap was running out in quantities. It was collected in a basin, diluted with water, strained, and brought up at tea time and at breakfast next morning. The peculiar flavor of the milk seemed rather to improve the quality of the tea, and gave it as good a color as rich cream; in coffee it is equally good. A custard was made of it, and, excepting its dark colour, tasted and looked well. The milk is also used for glue, and said by carpenters to be very durable. Of its capability in this line, Mr. Leavers showed us the belly-board of a violin formed of two pieces, which he had glued together two years previously, and which, although in daily use, was perfectly good and sound. As the milk hardens by exposure to air, it becomes a very tough, slightly elastic substance, much resembling gutta serena, but, not having the property of softening by warmth, is not likely to become so useful as that article of modern discovery.—*Travels on the Amazon and Rio Negro in 1848*, by Alfred R. Wallace.

EXCESS OF FEMALES IN GREAT BRITAIN.—The number of the male population of Great Britain, excluding those absent in foreign countries, is 10,223,558, and the female population 10,735,919; consequently the females are in excess of the males by 512,361, or as many as would have filled the Crystal

Palace five times over; how many of these were spinters cannot be known until the second portion of the Census is published. The proportion between the sexes in 1851 was 100 males to 105 females, or about the same as in 1801. The births during the last thirteen years give a reversed proportion, viz., 105 boys to 100 girls. How much the change in the proportions, and the subsequent disparity of the numbers in the two sexes, is due to emigration, or to a difference in the degree of the dangers and diseases to which they are respectively exposed, will be discussed when the numbers of males and females living at different periods of life are compared. The disparity in the proportions of the sexes is greatest in Scotland, there being no less than 110 females to 100 males in that country.—*Cheshire's Results of the Census.*

TREATMENT OF VARICOCELE BY THE DIRECT CAUTERIZATION OF THE DILATED VEINS.—M. GAILLARD, of Politiers, has just published in the *Gazette Medicale de Paris*, a case in which he cured his patient by a very ingenious and safe operation.—The subject was a young man eighteen years of age, who was very anxious to get rid of the deformity, as it prevented him from entering the army. M. Gaillard, not being satisfied with the operations of Breschet, Valpeau, or Vidal, thought that he should endeavor to fulfill the following indications:

1. To obtain the obliteration of the dilated veins without any danger of phlebitis.
2. To include all the veins of the cord, to prevent a relapse.
3. To avoid with certainty the vas deferens and the spermatic artery.
4. To obtain a symmetrical cicatrix, owing to the peculiar situation of the patient.

To obliterate the veins, M. Gaillard resolved to use Canquoin paste;* and to fulfill the other indications, he proceeded as follows:

An incision, about three inches long, was made from the ring to the scrotum, and the cord laid bare; the latter was then raised upon a spatula, by tearing the cellular connections existing posteriorly with the sheath. M. Gaillard now dissected the different parts of the cord from each other.—(One of the veins was much hypertrophied, and adhered to the vas deferens; much care was required to isolate that vein.) The vessels were thus separated from the vas deferens and the spermatic artery to the extent of one inch. The two latter portions of the cord were then pushed backwards, and kept out of harm's way by small pledgets of lint. Little strips of linen were now passed under the veins, and between

*Chloride of zinc, two parts; chloride of antimony, one part; flour and water, in sufficient quantities.

the latter and the former a thin plate of lead was glided, on which was spread a thin layer of the cauterizing paste, the latter not, however, reaching the margins of the late. This plate was then folded over the venous mass, which was thus surrounded and compressed by the sheet of lead, the ends of which were brought over one another, or, as it were, imbricated. The strips of linen, first passed under the veins, were then brought over the plate to maintain the latter *in situ*, and the whole secured by a thread.

M. Gaillard states that his patient was thus radically cured without a bad symptom; the cicatrix was linear and hardly perceptible; and when the young man applied again to the military authorities, he was admitted into the service.—*Lancet*, March 25, 1854.

DEATH OF M. ROUX, THE FRENCH SURGEON.—The Parisian correspondent of the New York Daily Tribune, gives the following account of the life and death of M. Roux, whose sickness was lately mentioned in this Journal.

“One of the most remarkable men of the present epoch has just died of apoplexy in this city, at the age of 74. In the death of M. Roux, surgery has lost one of its brightest illustrations. He died after a half a century of private practice, of public instruction, and of surgical labors in the large hospitals of Paris. He died on the field of battle, it may be said, with the bistoury and the pen in his hand—for in his green and robust old age, M. Roux experienced neither the infirmities incident to his years, nor the intellectual weaknesses which age brings. Notwithstanding his great age, death came unexpected to him, for I have heard him repeatedly say to his acquaintances, who complimented him on his vigor and good looks, that ‘he felt himself good for twenty years’ service with the knife yet.’

“There is no life more full of exciting scenes than that of a surgeon, especially the life of a surgeon such as M. Roux, who has performed more operations than any other man, living or dead. In his youth he was the rival of the great Dupuytren, who was his senior by only two years. His father, a provincial surgeon, sent him to Paris to study when quite young, but the first two or three years of his city life was led in so dissolute a manner, that, in order to force him to study, his family limited his supply of money to six hundred francs a year. The desire to obtain distinction finally seized him, however, and he soon made the most rapid progress. In his first *concours* before the Faculty for medical honors, he defeated Dupuytren in a contest for the place of Chief of Anatomical Works. At the age of 22, M. Roux again entered

the *concours* against Dupuytren, then only 24, for the place of Clinical Surgery at Hotel Dieu, then, as now, the surgical post of honor in Paris. This *concours*, which, from the youth of the contestants, as well as from the brilliancy and duration of the debates and trials, remains the most remarkable in the whole history of the trying *concours* to which candidates for medical honors are here subjected, was lost to M. Rox, it is said, by a *ruse*. In 1810, after another brilliant contest before the Faculty, he was unanimously elected to the chair of Professor of Surgical Anatomy; and later he succeeded to Dupuytren's place at the Hotel Dieu, left vacant by the death of that eminent man, a place which he continued to occupy till the moment of his death.

"M. Roux was struck with the malady which terminated his days while correcting the proofs of a work which he intended soon to publish, entitled 'Forty years of Surgery,' an immense collection of facts in his personal experience, which will, without doubt, take the first rank as a practical work on surgery. The volumes were sufficiently advanced not to suffer materially by his death.

EDITORIAL & MISCELLANEOUS.

NEW BOOKS.

"*Homeopathy fairly represented.*" A reply to PROF. SIMPSON'S "*Homeopathy misrepresented.*" By WILLIAM HENDERSON, M. D., *Prof. of General Pathology in the University of Edinburgh.* 1 vol. oct. Philadelphia, LINDSAY & BLAKISTON.

This work, over which the Homeopaths have so exultantly shouted, is supposed by its author to be a triumphant refutation of Dr. Simpson's searching exposure of the Infinitesimal system, and a complete demolition of the learned Professor.

It is remarkable for the truthlessness and recklessness of its assertions—and in that way may add to the notoriety of Dr. Henderson. A fairer and more candid work, however, could not be expected from a man, who has shown so little regard in holding, under the circumstances, that official position, which he so unworthily prostitutes.

Such of our readers as have the curiosity to read this "*fair*" representation will find it at Hagan's.

Lectures on the Diseases of Infancy and Childhood, by CHAS. WEST, M. D. &c., &c., &c. *Second American from second (enlarged) London Edition.*

When the first edition of these admirable lectures was republished by BLANCHARD & LEA, a few years ago, we pronounced them after a very careful examination, deserving the very highest esteem, and a second examination now confirms us in our original opinion. Views of a man of a comprehensive, clear and truth-seeking mind to bear on a *very large experience* are entitled to credit—and while we do not assent to all of those entertained by Dr. West, we do think his labor has had and will have that highest of all rewards—that of doing good.

Such works as those of West of England, and Cordie of America, on this interesting and difficult subject belong emphatically to the class of ‘books which are books.’

For sale at H. C. Morton's Medical Emporium.

From the Publishers, S. S. & W. WOOD, New York, we have received recently a copy of Fuller on Rheumatism and Vidal on Venereal Disease.

The name Vidal—his connection with the *Hospital Midi*—his views so opposite in many respects, to those of his distinguished colleague, Record, yet elaborated with even more patient care—are all sufficiently well known to make his work an object of general interest. The book is very handsomely gotten up and we are sure will well repay a thorough examination.

The name of Henry William Fuller is not so well known in this country—but we are very much mistaken if his recent work on “Rheumatism, Rheumatic Gout and Sciatica” doesn't make it known speedily a favorite. It is really refreshing to see a man write of such a subject as Rheumatic Fever and its heart complications, and show in his book that he has begun—discarding old follies—to put forward something of a fresher, more sensible and more consistent philosophy in regard to their causation and treatment. When practitioners quit bleeding for Rheumatism (and other diseases, Pneu. monia &c.) as an effectual or even generally proper part of

their treatment, they will probably be more successful with their cases. We shall recur to this subject in connection with the book at an early day.

The new "*Handbook of Chemistry*" by F. A. Abel and C. L. Bloxham, recently republished by Blanchard and Lea, seems to be a thorough exposition of Chemical Science, better adapted, however, to meet the wants of the laboratory student than those of the general student of medicine. It is too voluminous, too minute and detailed for the latter class; these very qualities render it valuable for those of the former.

The Science and Art of Surgery, by JOHN ERICHSON, Professor of Surgery in University College and Surgeon to University College Hospital.

We are not of them who complain constantly of the multiplication of books. We are always happy to see a *good* one, if there be fifty others already on the same subject.

There are now before the Profession, a number of excellent compends of Surgery, and this new claimant for professional favor will take rank with the best of them. Having as few, or fewer errors of fact than most of them, it is at once concise and full, sound, judicious and practical. A large octavo of 900 pages, filled with excellent matter, put together in an excellent manner, it is sure to be found a capital work of reference, and a complete exposition of the present state of the Science and Art of Surgery. The American Editor has introduced some new matter pertaining more immediately to American Surgery, and a number of illustration.

This and the works above mentioned are for sale by H. C. Morton.

We re-publish at the request of Prof. Breckinridge the following card from our February No., and earnestly call the attention of our readers to it:

It is the duty of the undersigned to make a report to the State Medical Society at its next annual meeting, on the Medical Biography of Kentucky. The suitable discharge of this duty requires the assistance of medical men throughout the

State. The undersigned earnestly desires to receive from *all* persons friendly to an attempt to preserve a record of this kind, brief notices or fuller sketches of deceased physicians who have spent the whole or any large part of their active professional life in this State—who have been identified with the profession here, either as teachers or practitioners of medicine.

That this record may be as complete as possible, it is desirable that the notices sent should be full and minute, though meagre ones will be more acceptable than none.

They should be forwarded before the 1st of September, and as much earlier as may be convenient.

R. J. BRECKENRIDGE.

Louisville, February, 1854.

We are glad to see the internal use of chloroform exciting more attention. Doubtless its utility as an internal remedy at once occurred to all. We have so used it from the first. We have more experience with it in cholera than in other cases and are enabled to speak favorably of it. It has been mostly used when patients bordered upon collapse, and when experience had taught us our more familiar remedies would be of no avail. We gave it under these circumstances a whole season, and as it was given alone, we are satisfied that the recovery of several bad cases is to be ascribed to its efficacy. In many cases---in most cases---it did no more than diminish the suffering of the patient; in several, four or five perhaps, it appeared to be the whole cause of re-action. It is to be regretted that its *modus operandi* has not been more attentively observed, but with us there was but little time for exact observation or speculation. In severe colic it is a favorite remedy of ours in the commencement, we give it even before clearing out the stomach and bowels. We have used it but once in painter's colic, but its good effect in that case was so marked, that we hope it may prove the desideratum in this most troublesome disease. In fine, we believe it often applicable whenever an anti-spasmodic, hypnotic and and slightly stimulating remedy is required. As to the dose, in cholera we give one drachm every half hour, sometimes for twenty-four or thirty-six hours. To a boy about six years of age we remember to have seen the same quantity given for about the same number of hours, and he recovered. Oc-

casionally, however, we were forced to desist from it by the coming on of an alarming degree of insensibility.

On the internal use of Chloroform. By HENRY HARTSHORNE, M. D., Philadelphia.

Since 1848, when some account was given in this journal of experiments with chloroform, internally administered, it has been variously and extensively used by practitioners in different parts of the world. It is now generally recognized as being, when so used, a narcotic of the mildest and yet most powerful character, and as possessing in its pungency, also, a quality which recommends it in some cases above other anodynes.

The object of this article is chiefly to make some remarks upon its dose and mode of administration. Many practitioners within the writer's knowledge hesitate, from their recollection of its power as an anæsthetic to give it in doses of more than a few drops; and as the drop is exceedingly small, such doses are really often insignificant. The writer can assert, from positive experience, that a fluidrachm of chloroform taken by the stomach, is not more than equal, in soporific effects to 30 or 35 drops of laudanum. In doses of from 50 to 75 drops (about 15 minims,) I have given it every half hour for several hours together. It differs from the opiate preparations in the promptness of its hypnotic action, the much shorter period of its duration, a less degree of cerebral oppression, and the absence of all stimulus to the circulation. It might be called a 'diffusible narcotic,' comparing in this respect with opium as ammonia does with alcohol. To produce much effect with it, repeated doses, at short intervals, will be necessary.

The pungent property, already alluded to, causes it to require plentiful dilution, which is, of course, facilitated by the addition of some demulcent. Perhaps the orgeat syrup is the best. Every fluidrachm of chloroform should have at least two fluid ounces of water with it when taken; and it will need, if in ordinary gum mucilage, considerable agitation to resuspend the particles immediately before swallowing. When taken in aqueous mixture alone, however, unless in very small doses, it produces nausea with some persons. This is entirely prevented by the addition of a strong aromatic, or, still better by giving the chloroform in aromatic tincture. From the ready solution and kindred action of camphor with chloroform, their combination has become a very common one. For many purposes, however, a still better preparation is a sort of chloroform paregoric, or tincture of chloroform, c. g.—℞. Chloroform f 3 ij; sp. camp. et. tint. opii. aa f 3 iss; Ol. cinnamom. gtt. viij; Alcohol f 3 ij. M. et fiat tinctura. Dose, from 5 to 30 minims, or more, as required.

KENTUCKY MEDICAL RECORDER.

VOL. III. LOUISVILLE, KY., JUNE, 1854. NO. 10.

NATIONAL MEDICAL CONVENTION.

The proceedings of this body, which met in the city of St. Louis, Tuesday, May 2d, were published in full in the Missouri Republican, and from it we make the following abstract:

A large delegation of Physicians from all parts of the United States assembled at the Verandah Hall and Dr. Usher Parsons, of Rhode Island, Senior Vice President of the Association, called the meeting to order in the absence of the President, Dr. Jonathan Knight.

Letters were read from Drs. Jonathan Knight and E. L. Beadle. Dr. Washington of St. Louis, then addressed the association, welcoming the members to the hospitalities of the city.

Dr. Parsons responded in a short address to Dr. Washington and suggested, that the roll of delegates be called.

NUMBERS FROM THE SEVERAL STATES.

Massachusetts,	8	Cherokee,	1
Rhode Island,	1	Kentucky,	6
Connecticut,	3	Ohio,	16
New York,	13	Indiana,	3
New Jersey,	2	Missouri,	58
Pennsylvania,	17	Michigan,	3
Virginia,	1	Iowa,	8
South Carolina,	8	Illinois,	30
Alabama,	1	Wisconsin,	3
Mississippi,	1	Tennessee,	11
Louisiana,	1		

After the roll was called a recess of fifteen minutes was taken, to allow the delegates to select one from each State, to

nominate permanent officers of the Society. When the meeting again came to order, the following list of names from the several States was handed in by the delegates:

Maine,	Dr. Charles Millet.
New Hampshire,	_____
Massachusetts,	Dr. D. H. Storer.
Rhode Island,	_____
Vermont,	_____
Connecticut,	Dr. P. G. Rockwell,
New York,	Dr. L. P. White,
New Jersey,	Dr. G. R. Chitwood,
Pennsylvania,	Dr. Rene La Roche,
Delaware,	_____
Maryland,	_____
Virginia,	Dr. Adam Spitler,
Minnesota,	Dr. J. H. Murphy,
North Carolina,	_____
South Carolina,	Dr. Thomas G. Priolaw,
Georgia,	_____
Florida,	_____
Illinois,	Dr. W. B. Herrich,
Alabama,	Dr. S. W. Clanton,
Louisiana,	Dr. E. D. Fenner,
Missouri,	Dr. Thomas G. Reyburn,
Michigan,	Dr. William Brodie,
Mississippi,	Dr. T. J. Grafton,
Iowas,	Dr. D. Seviter,
Tennessees,	Dr. J. B. Lindsley,
Wisconsin,	Dr J. B. Dousman,
Arkansas,	_____
Texa,	_____
Kentucky,	Dr. R. J. Breckinridge,
California,	_____
Ohio,	Dr. O. M. Langdon,
Indiana,	Dr. W. W. Hitt,
U. S. Navy and Army,	Dr. Penckney,

Dr. Atlee offered a resolution that the association meet from 9 to 10 o'clock, A. M. and from 3 to 5, P. M. while it shall remain in session.

A resolution was offered and laid on the table that the future meetings shall be held alternately in the Northern, Southern and Western portions of the Union.

On motion, the meeting adjourned until 3 o'clock, P. M.

AFTERNOON SESSION.

The Senior Vice President, in the absence of the President, delivered the usual annual address; and at its conclusion, on motion it was referred to the committee on publication.

A letter was read from a permanent member at Marseilles, and found satisfactory, relating to the presentation of the 6th Volume of the "Transactions of the American Medical Association," to the imperial Academy of Medicine at Paris.

A memorial was then read from members of the New York Medical Association relating to the death of the members resulting from the accident on the New York and New Haven Railroad at Norwalk.

A resolution passed at a meeting of the New Hampshire Medical Society was read declaring that no delegate shall be admitted to membership who represents a Medical Society that numbers among its members any person or persons who adopt, as their system of practice, any form of Empiricism.

Dr. Gross of Louisville, offered the following resolution:

Resolved, That hereafter it shall be considered disorderly for this association to give costly entertainments.

Some discussion arose, the word *improper* substituted for that of disorderly, and the resolution otherwise modified, passed.

The committee for the nomination of officers now appeared, and made the following report:

FOR PRESIDENT.

CHARLES A. POPE, M. D., of Missouri.

VICE PRESIDENTS.

E. D. FENNER, M. D., of Louisiana.

N. S. DAVIS, M. D., of Illinois.

WM. S. T. WRAGG, M. D., of South Carolina.

JOHN GREENE, M. D., of Massachusetts.

SECRETARIES.

E. S. LEMOINE, M. D., of Missouri.

FRANK WEST, M. D., of Pennsylvania.

TREASURER.

D. F. CONDIE, M. D., of Pennsylvania.

The report was accepted and Dr. Fenner, returned thanks for the honor conferred upon him, and regretted the absence of Dr. Pope, who was detained in consequence of sickness in his family.

On motion the city of Philadelphia was fixed upon as the place for the next meeting of the association.

Dr. Condie, chairman of the committee on publication offered resolutions to the effect that the yearly dues of members be not less than three dollars and that they be regularly paid and they were adopted.

A resolution was read and laid on the table, inviting the association to hold its next meeting at Detroit.

Dr. Atlee on behalf of the committee to procure a stone with a suitable inscription for the monument of Washington, reported that he had adopted at the suggestion of the lamented Dr. Pierson, the design for the stone, representing *Hipocrates* refusing the presents of King *Artaxerxes*, who invited him to go to *Persia* to succour the enemies of Greece; that the sculpture was on beautiful marble, by Samuel Beck, a young artist of Pennsylvania, from a daguerreotype copy of Viardot's picture; that the execution of the work was in the highest style of art; that the movement was adopted at Richmond, and that funds were lacking to the amount of \$400.

Members were respectfully invited to contribute as they felt inclined.

Dr. Charles Hooker was appointed treasurer, *pro tem.* in the absence of the Treasurer elect.

Dr. Pope being now announced was conducted to the chair and tendered his thanks to the association for his election as President.

Dr. Nathan Pinckney, of the U. S. Navy was announced as present and desirous of addressing the association: His request was acceded to, and he made an eloquent and impressive speech.

Various invitations were extended to the members to partake of hospitalities, and to visit public institutions, and then the meeting adjourned until 9 o'clock in the morning.

SECOND DAY, (WEDNESDAY.)

Meeting convened at 9 o'clock, Dr. Pope in the chair.

The chairman of the committee of arrangements reported fifteen delegates having registered their names since Tuesday.

The names of several members of the profession were offered as members and accepted.

Dr. Atlee of Lancaster, Pa., moved the reading of a memorial from the American Medical Society of Paris, to the American Medical Association, which motion was carried.

This memorial relates principally to the mode of examination for the degree of Doctor in Medicine, and was signed by Drs. Hamner and Murphy.

The President announced the reading of annual reports to be in order.

Dr. F. Condie, of Philadelphia on the causes of tubercular diseases was not prepared to report, and requested further time.

Dr. Geo. B. Wood, of Philadelphia, on diseases of parasitic origin, was not prepared to report, and requested further time.

Dr. John A. Atlee, of Pa., on epidemics of New Jersey, Pennsylvania, Delaware and Maryland, was not prepared to report, and requested to be continued on the same committee.

Dr. D. J. Cain of Charleston, South Carolina, on Epidemics of South Carolina, Florida, Georgia and Alabama, read an abstract of his report, and it was referred to the committee on publication.

Dr. W. L. Sutton, of Georgetown, Ky., on Epidemics of Kentucky and Tennessee reported, but asked further time to complete it. Report referred to committee on publication, when ready.

Dr. George Mendenhall of Cincinnati, O., on Epidemics of Ohio, Indiana and Michigan, presented a report for 1852-'53 and read a brief abstract. Referred to committee on publication, with a request to have it published with the proceedings of the present year.

Drs. Palmer and Atlee made speeches urging the importance of members of the profession furnishing the chairman of the committee on epidemics with information.

Dr. R. S. Holmes of St. Louis on Epidemic Erysipelas read an abstract of his report, It was referred to the committee on publication.

Dr. E. D. Fenner of New Orleans on Epidemics of Louisiana Mississippi, Texas and Arkansas. He read a comprehensive abstract of his report dwelling principally on the ravages of Cholera and Yellow Fever, their causes and mode of treat-

ment. Dr. F. was allowed further time to complete his report, and it was referred to the committee on publication.

On motion, Dr. Linton expressed his views with regard to the pathology of yellow fever. He thought the cause of the fever to be the effect of southern latitudes on northern blood, in other words, the retention of hydro carbonaceous matter in the blood.

Dr. L. was requested to draw up the substance of his remarks and furnish it to the committee on publication.

Dr. Dan'l Brainard of Chicago, Ill., on the constitutional and local treatment of carcinoma requested further time to report.

Dr. N. S. Davis of Chicago, Ill., on the influence of local circumstances on the origin and prevalence of typhoid fever. An abstract was read and the report referred to the committee on publication.

Dr. Donaldson, of Baltimore, on the Microscope. Report ready, but Dr. D. not being present it was referred to committee on publication.

Report on medical education received and referred to committee on publication.

Dr. Pope, chairman of the committee on prize essays, and volunteer communications stated that nine had been submitted, but that the committee had concluded to award but one prize, viz: on the essay entitled "An Essay on a new method of treating ununited fractures; and certain diseases and deformities of the osseous system."

Dr. Pope then broke the seal and announced Prof. Brainard of Chicago, as the author.

Dr. McPhebes moved that Prof. Daniel Brainard take the stand, and give an abstract of his essay; and he came forward and in an able manner gave the requisite information.

The Treasurer introduced the subject of the annual assessment.

Dr. Elbert offered resolution relating to the constitution and by-laws of the association.

Dr. Guthrie offered a resolution, which was unanimously carried, complimenting the Secretary of the Treasury of the U. S. for his recommendation to congress of the free importation of certain crude medicines.

Dr. J. B. Johnson stated to the meeting that he had a letter from Dr. Stephen Williams of Illinois which he desired to read. It was read and related to Medical Biography.

The preambles and resolutions referred to in the letter were adopted, and the President announced that he would appoint the committee contemplated by them.

Dr. McIlvane offered a resolution, which was laid on the table, condemning the reading of lectures.

Dr. French offered a resolution which was carried, having reference to the appointing of a committee to enquire what irregular practitioners held relations to the association.

Dr. Blachford, of Troy, read a letter from Dr. A. D. Spore asking assistance from the members of the association in investigations he was making as to the influence of the weather on Hydrophobia.

Dr. Spore not being a member of the association, Dr. Blachford was appointed chairman of a committee to investigate the subject.

Dr. Dowels offered a resolution to appoint a committee to investigate improvements in instruments for lithotrity by Drs. Nathaniel R. Smith, Paul F. Eve and Dr. McDowell. The resolution was laid on the table.

Dr. S. M. Smith, of Columbus, Ohio, offered a resolution to the effect that a committee be appointed to investigate the subject of insanity. Carried.

An announcement was now made that at four o'clock fifteen omnibusses would be in waiting for the members of the association, together with numerous buggies and carriages to convey them to the residence of Col. O'Fallon, who had given them an invitation to an entertainment.

The meeting then adjourned to 3 o'clock, P. M.

AFTERNOON SESSION.

The meeting met as per adjournment

Dr. Samuel P. White, of Buffalo, submitted a resolution thanking Dr. Knight, late president, and requesting from him the usual address for publication. The resolution was carried.

The committee appointed by the American Medical Association, to devise a comprehensive plan for investigating medical science, reported and append a resolution asking the co-

operation of the various medical societies. The report was carried and referred to the committee on publication.

THIRD DAY, (THURSDAY.)

Association convened at 9 o'clock, Dr. Pope in the chair.

On motion the regular order of business was suspended to place Dr. McGingan on the nominating committee from Iowa.

Wednesday's proceedings read and amended.

Dr. McPhebes stated that arrangements were made to convey the members of this association to their homes free of charge upon all the lines of travel, excepting the New York and Hudson river Railroad company.

The Secretary read a communication requesting the nominating committee to meet—also a communication tendering the hospitalities of the city of Burlington to such members as returned by the Upper Mississippi.

Dr. Atlee offered a resolution, which was carried, to the effect that a copy of the constitution of the Association be appended to each volume of the transactions hereafter published.

A committee was appointed at the suggestion of Dr. Gross, to report at the next meeting of the association upon the causes which obstruct our national medical literature. Dr. Gross was appointed chairman of the committee.

A communication was presented through Dr. Washington, from Thos. S. O'Sullivan, Eng. and Sup't. of Pacific Railroad, inviting the members of the association to make an excursion to the interior. A vote of thanks, on motion of Dr. Atlee, was tendered the directors of the Railroad. The invitation was accepted and 10 o'clock on Friday designated as the hour when a special train would be in readiness.

Dr. J. B. Lindsley offered a resolution, which was referred to the committee on Medical Education, asking a report at the next meeting of the association, upon the impropriety of medical schools allowing four years practice in lieu of one course of lectures. Dr. Paul F. Eves submitted a resolution, asking that a committee be appointed to report upon the best means of preventing the introduction of disease into the country by emigrants. The resolution was carried, and Drs. Dickerson, Grescomb and E. D. Fenner appointed the committee.

Dr. Lenton offered a resolution which was referred to the foregoing committee, expressing quarantine afforded no protection against Epidemic Cholera and Yellow Fever.

Dr. Penn offered a resolution inviting the members of the committee of arrangements who were not members of the association. It was carried.

Dr. Jarvis offered a resolution that the memorial of Drs. Murphy and Hammer be withdrawn from the committee on education. After some sharp discussion the memorial was withdrawn.

Dr. Peebles asked to be discharged from the committee on the epidemics of Virginia. Granted.

The Secretary reported a document from Dr. Phillips of New York, explaining the difference between religion and medicine.

On motion, the regular business was suspended to give place to the report of the nominating committee.

REPORT OF THE COMMITTEE ON NOMINATIONS.

The committee on nominations, in fulfilling the duty imposed upon them, recommend the continuance of several of the special committees previously created, and the appointment of some new ones.

Dr. Worthington Hooker, of New Haven, Connecticut, on epidemics of New England and New York.

Dr. John L. Atlee, of Lancaster, Pa., on epidemics of New Jersey, Delaware and Maryland.

Dr. D. J. Cain, of Charleston, S. C., on epidemics of South Carolina, Florida, Georgia and Alabama.

Dr. W. L. Sutton, of Georgetown, Ky., on epidemics of Tennessee and Kentucky.

Dr. Thos. Reyburn, of St. Louis, Mo., on epidemics of Missouri, Illinois, Iowa and Wisconsin.

Dr. Geo. Mendenhall, of Cincinnati, O., on epidemics of Ohio, Indiana and Michigan.

D. E. D. Fenner, of New Orleans, La., on epidemics of Mississippi, Louisiana, Arkansas and Texas.

Dr. James Jones, of New Orleans, La., on the mutual relations of yellow and billious remittant fever.

Dr. D. V. Condie, of Philadelphia, Pa., on the causes of tuberculous disease.

Dr. Jos. Leidy, of Philadelphia, Pa., on diseases of the Parasitic origin.

Dr. A. P. Merrill, of Memphis, Tenn., on the physiological peculiarities and diseases of negroes.

Dr. Jos. N. McDowell, of St. Louis, Mo., on statistics of the operation for the removal of stone in the bladder.

Dr. F. P. Porcher, of Charleston, S. C., on the toxicological and medicinal properties of our cryptogamic plants.

Dr. Daniel Brainard, of Chicago, Illinois, on the constitutional and local treatment of Corcinoma.

Dr. George Engleman, of St. Louis, Mo., on the influence of geological formations on the character of disease.

Dr. Henry Taylor, of Mount Clemens, Mich., on dysentery.

Dr. Horace Green, of New York, on the use and effect of applications of nitrate of silver to the throat in local or general disease.

Dr. P. C. Gooch, of Richmond, Va., on the administration of anæsthetic agents, during parturition.

Dr. Chas. Hooker, of New Haven, Conn., on the diet of the sick.

Dr. E. R. Dabney, of Clarksville, Tenn., on certain forms of eruptive fevers, prevalent in Middle Tennessee.

Dr. Sanford B. Hunt, of New York, on the hygrometrical state of the Atmosphere in various localities, and its influence on health.

Dr. Frank. H. Hamilton, of Buffalo, N. Y., on the frequency of deformities in factures.

Dr. M. M. Pallen, of St. Louis, Mo., on the disease of the prostrate gland.

Dr. H. A. Johnson, of Chicago, Ills., on the erections, as an index to the organic changes going on in the system.

Dr. Leroy H. Anderson, of Sumpterville, Ala., on typhoid fever and its complications as it prevails in Alabama.

Dr. Byford, of Evansville, Ia., on the pathology and treatment of scrofula.

Dr. N. S. Davis, of Chicago, Ills., on the nutritive qualities of milk, and the influence produced thereon by pregnancy and menstruation in the human female, and by pregnancy in the cow, and also, on the question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supercede the present defective and often unwholesome method of supply.

Dr. E. B. Haskens, of Clarksville, Tenn., on the microscopical investigations of malignant tumors.

Dr. Geo. K. Grant, of Memphis, Tenn., on the sulphate of quinia as a remedial agent in the treatment of fevers.

Dr. R. R. McIlvain, of Cincinnati, Ohio, on the study of pathology at the bedside.

Dr. E. S. Cooper, of Peoria, Ills., on orthopædic surgery.

Dr. Andrew F. Jeter of Palmyra, Mo., on the *modus operandi* of the envenomed secretions of healthy animals.

Dr. Sam. M. Smith, of Columbus, Ohio, on insanity.

Dr. Rene La Roche, of Philadelphia, Pa., on the jaundice of yellow fever in its diagnostical and prognostical relations.

Dr. Charles Chandler, of Rocheport, Mo., on malignant periodic fevers.

Dr. S. B. Chase, of Portland, Me., on typhoid fever in Maine.

Committee on plans of organization for State and County Societies—A. B. Palmer, M. D., Mich.; R. R. McIlvain, M. D., Ohio; D. L. McGugin, M. D., Iowa; E. R. Peaselee, M. D., N. H.; Thos. Lipscomb, M. D., Tennessee.

Committee on medical literature—Robert J. Breckenridge, M. D., Kentucky, chairman; A. A. Fould, M. D. Mass.; D. L. McGugin, M. D., Iowa; J. B. Flint, M. D., Ky.; O. M. Langdon, M. D., Ohio.

Committee on medical education—Wm. H. Anderson, M. D., Alabama; A. Lopez, M. D., do.; Andrew Murray, M. D., Michigan; A. Ramsay, M. D., Tenn.; R. D. Ross, M. D.

Committee on prize essays—Rene La Roche, M. D., Pennsylvania; Isaac Hays, M. D., do.; Alfred Stille, M. D., do.; J. B. Biddle, M. D., do.; George W. Norris, M. D., do.; Joseph Carson, M. D., do.; Joseph Leidy, M. D., do.

Committee on publication—Pliny Earle, M. D., N. Y.; D. Francis Condie, M. D., Pa.; E. S. Lemoine, M. D.; Mo.; A March, M. D. N. Y., E. H. Davis, M. D.; C. R. Gilman, M. D., do.

After the reading of the report Dr. Reyburn moved that it be adopted except that portion relating to the committee on publication.

An animated and lengthy discussion here grew up as to the place of publishing the transactions of the association.

The committee of the whole reported back the amendment of Dr. Reyburn, which was adopted.

The committee rose and the association adjourned.

AFTERNOON SESSION.

Commenced at 3 o'clock Dr. Pope in the chair.

A resolution was offered in relation to permanent members.

The Treasurer made an amendment relating to fiscal matters.

W. S. Maus, M. D., was elected a permanent member.

Dr. Atlee offered a resolution requesting the members of the profession in States in which no societies existed, the immediate organization of County and State Societies. Carried.

Dr. Ramsey offered a resolution which, on motion of Coons, was laid on the table.

Dr. Breckenridge offered a resolution, which as amended by Dr. Smith, was carried to the effect that papers and documents of the association shall hereafter be the exclusive property of the association.

Dr. Phips again regulated the reading the document on the relation between religion and medicine. An outline of the document was read and it was referred to a special committee composed of Drs. Atlee, Sayers and March.

On motion the regular business was resumed.

Dr. Evers moved the blank in the report of the nominating committee occasioned by the amendment of Dr. Reyburn be filled. A very animated discussion ensued, participated in by Drs. Breckenridge, Atlee, Sayre, Storer and McDowell White and others.

The original report of the committee was finally adopted.

After the vote announced the resignation of Dr. Condie, of Philadelphia, Treasurer of the association, was announced through Dr. La Roche, accepted.

Dr. West, of Philadelphia, one of the Secretaries tendered his resignation which was not accepted.

Dr. Breckenridge, of Ky., offered a resolution to the effect that hereafter the majority of the committee on publication be taken from physicians of the city in which the association may annually meet.

A vote of thanks was unanimously tendered Dr. Condrie.

A resolution to amend the constitution of the association so as to hold the meetings on the 2d instead of the 1st Monday of May; laid over for one year.

A resolution by Dr. W. H. Byford, passed thanking Dr. Pinckney of the U. S. Navy, for his able address.

A resolution by Dr. Atlee, thanking the members and citizens of St. Louis for their hospitalities, was passed.

On motion of Dr. White thanks were extended to the late publishing committee.

A resolution about alcoholic drinks was offered by Dr. Hitt, and referred to the nominating committee.

A resolution by Dr. C. B. Hughes relating to speciatiby practice of surgery was laid on the table.

Dr. White reported the name of Dr. Blatchford as treasurer, in place of Dr. Condie resigned. Dr. Blachford declined serving, and Dr. Wood, of New York, was subsequently taken.

A special committee was appointed on epidemics for the States of Virginia and North Carolina with Dr. Haskins as chairman.

The resolution refering to alcoholic drinks was reported back to a special committee consisting of Dr. Mussey.

Dr. W. S. Edgar offered a resolution referring to the com-

pounding of medicines—and putting them up under certain stamps and in a special kind of paper Dr. Bane of Illinois was elected a permanent member.

Dr. Engleman of St. Louis offered his resignation as chairman of special committee but the association refused to accept it.

A resolution was offered and laid on the table in reference to the custom of professors in the Medical Schools recommending their own works as text books, which were frequently of inferior merit.

A vote of thanks to Dr. Hooker, Treasurer, pro tem.

Dr. Gross announced that the 2d vol. of Prof. Drake's work was now in press and would be issued this summer. That it was devoted to practical medicine, and entirely independent of the past volume.

Dr. McPheeters announced that omnibuses were in readiness to convey members to the Pacific rail road in pursuance of an invitation.

On motion the convention adjourned.

SUPPER TO THE DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION.

The Hall of the Mercantile Library was an object of considerable interest on the day of the adjournment of the Association, in view of the extensive preparations made by the profession of St. Louis to entertain their brethren from abroad at a banquet. The tables groaned with all the delicacies that their market afforded, and it appeared more like a sumptuous repast we read of, in oriental stories, than the realities of modern luxuries. The room was completely festooned with plants and flowers. The platform on the west end of the Hall, where the officers and invited guests sat, was surrounded by a cordon of evergreens, and over it was placed the following inscription:

"American Medical Association, instituted May, 1847.—The Union of the Profession for the good of Humanity."

On the east side, the following inscription:

"Homines ad Deos nulla se proprias accedunt quam salutem Hominibus dando."

On the north side was the following device:

"The North, the South, the East and the West—one in the Republic of Science."

On the south side under the Balcony, the following significant motto was emblazoned:

"The Far West—where is it?"

We observed upon the platform Judges Scott and Ryland, of the Supreme Court of Missouri, Hon. John J. Crittenden, Mayor How, and many other prominent citizens and distinguished strangers from abroad. The guests were conducted to the supper room, and after being seated Dr. J. B. Johnson addressed the meeting.

After the eloquent speech of Dr. Johnson, the company filled up for the first regular toast.

"The immortal memory of our ancient and old father Esculapius—may the sons prove worthy of an ancestor who ranked with the Gods."

Dr. Pope resonded to the first regular toast and Dr. Upsur Parsons to the second.

An original poem was read by Mr. Wright, of Ohio, and another by Dr. Lenton, of St. Louis, with much applause.

Numerous toasts were offered, and appropriately responded to, and the entertainment passed off orderly and satisfactorily, and all seemed gratified with the proceedings.

B. M. W.

REPORT OF A CASE OF RUPTURE OF THE UTERUS.

BY B. M. WIBLE, M. D.

Between six and seven o'clock on the afternoon of the 29th of May, 1854, I received a note from Dr. Bryan, of this city, requesting me to visit and to consult with him in a case of labor and to bring my obstetrical forceps. In less than half an hour I was with the Doctor and his patient, when I learned from him the following facts, viz: that Mrs. C. an Irish woman about 30 years old, was then in labor; that she had previously borne two children, the first living, but the history of that labor unknown, except that it was tardy; that Dr. B. had attended her in the second, which was tedious and resulted in the death of the child, but without injury to the mother; that he had thought from examinations then made and those made since the commencement of the present labor, that there was an antero-posterior contraction of the pelvis: that at 12 o'clock when he was called there was slight dilation of the os uteri; and that the labor increased in the usual manner, and at 2 o'clock the dilation of the mouth of the uterus was complete, and the membranes ruptured, the child resting on the superior strait; that after the rupture of the membranes, the uterine contractions became feeble, and in consequence of this, he gave her Ergot, in doses of twenty grains, repeated four times, of intervals of half an hour; that finding the ergot effectual in inducing uterine contractions, but not promoting the delivery I was sent for to use the forceps.

When I arrived the labour was very active, the uterine contractions being powerful and persisting, and at an interval of the pains, I made an examination and found the head at the superior straight, and the vertex presenting to the pubis.

I expressed the opinion that it would not be proper to use the forceps, for two reasons—first. That it would be dangerous to use them whilst the uterine was contracting so violently; second. That the child would be delivered without them. I then left the patient in charge of the medical attendant and retired to an adjoining room. About an hour afterwards I learned from him that the labor was making considerable progress; that the vertex had emerged from under the pubis, and

the perineum was tense from pressure of the head. Soon after I was informed that another pain would probably deliver the head. During the succeeding pain, I heard the woman exclaim that she had "the cramp in the stomach" and that it would "kill her." I suggested that the cramp was produced by some ice water which she had been drinking, and advised for her some stimulating drink which was at hand.

Soon after this the physician in attendance informed me, that although he had been momentarily expecting the head to pass the perineum, yet it had receded, and was not more advanced, than when I had made the examination.

There was frequent return of the cramp, but none of the characteristic labor pain.

I now placed my hand over the abdomen and discovered distinctly the arm of the fœtus in the umbilical region, and the feet in the right hypochondrium.

Upon per vaginam examination the head was felt resting on the superior strait.

I expressed the belief that there was rupture of the uterus. The facts upon which this opinion was based are as follows, viz: sudden cessation of the characteristic uterine pain; the sensation at the region of the stomach, described as cramp; the distinct perception of the fœtal extremities through the abdominal walls, the sudden recession of the head of the child in the pelvis; and these phenomena following very active uterine contractions. The physician in attendance states that he thinks the rupture occurred during a pain and whilst the woman was suddenly changing her position in bed.

Soon after the cramp commenced at the region of the stomach, vomiting came on, the breathing was hurried, and the pulse increased in frequency: there was not, however, the usual evidences of "shock," for the pulse retained strength, and the extremities remained warm.

After the discovery of the rupture, I made an attempt to deliver with the forceps; but the head receded when I attempted to introduce the instrument, and I soon perceived that I should fail. Subsequently another physician, Prof. James Webster of Geneva, New York, with whom I accidentally met and who kindly lent assistance—attempted to apply Siebold's long forceps, with results as fruitless as my own. In

the mean time, a hæmorrhage to the amount of a pint or more came on, the pulse sunk and ceased to be perceptible at the wrist, and the exhaustion was such that any intentions that had been entertained, of extracting the child by turning or gastronomy were abandoned.

After the hæmorrhage there was not a probability of saving the life of the child by any means which could have been instituted. The exhausted condition of the mother was such that she certainly would have expired before either the operation of turning or of gastronomy could have been performed. Indeed a slight attempt at turning was made, but the extreme condition of the patient required it to be abandoned instantly.

The sufferings of the poor woman were horrible, and distressing to friends and physicians. She died between 12 and 1 o'clock on the 30th about fifteen hours after the rupture.

At 12 o'clock, M., on the 31st I made a post mortem examination in the presence Drs. Pyles and Bemiss and Prof. Miller. We found the rupture to be at the junction of the cervex uteri with the vagina anteriorly, making an aperture permitting the escape of the fœtus into the cavity of the peritoneum. the fœtus was found with the head lying in the pelvis, and the body among the intestines, the feet extending to the right hypochondrium, against the liver.

Is this a case to teach caution in the use of Ergot?

BIOGRAPHICAL.

We have met in a French Journal a memoir of the great operator Roux. As it is interesting and concise, we translate it.

When a few years M. Roux returned from one of those tours in Germany which he delighted to make every year—tours as well scientific as pleasurable—which refreshed his mind, always active and his body still vigorous, we hoped to see him enjoy for a long time that green old age which was the glory of French Surgery. Nothing seemed to intimate that its termination was so near. No indication of decay was perceptible, either in his mental faculties or in his constitution. It was impossible to tell his age by his form or mind. Everything about him was young, his body, his gait, his ideas, his tastes, his character.

In order to be persuaded that he had passed his maturity, and that he was bordering upon extreme old age, it is necessary to remember his long career, and to recollect that he was a contemporary and collaborator of Bichat.

And then we admire that vigorous constitution, on which neither the extraordinary efforts and the studies of his laborious youth, nor the fatigues and the trials of his practice and teaching for half a century had left neither infirmities nor wrinkles. He enjoyed those feelings, that gaiety, that equality of temper so rare in old age, which abandoned him no more than the care of his exterior and his person, and which are the best evidences of a well spent life.

M. Roux was in truth happy; and he derived his happiness from the satisfaction of a good heart, from the calm of a good conscience, and from the esteem and affection with which he was universally surrounded. With no envy, with no bitterness against his rivals or successors; he loved youth, and young men loved him.

I do not wish to say that he had none of the weaknesses of humanity; I respect his memory too much to be willing to write for him one of those insipid eulogies which are prejudicial from their flattery, and which should be spared men of true worth; but it can be affirmed that his heart was not tortured by jealousy and that his nature was benevolent. None

of his pupils can contradict me—and they are numerous; they are scattered over France and so to speak over the two worlds; for if Mr Roux had no school of his own, no one had more students than he. He has been the teacher of several generations of surgeons, and many among them—even among those who owe to him what they have become, have (a rare fact) remained among his friends.

He met with them every where in his travels of which we spoke, and every where he was received with joy and gratitude. These were the triumphs which he loved, which flattered his self love, and which he cherished with a little vanity perhaps, a kind of vanity certainly permissible.

It is not pretended to give the biography of M. Roux in the lines written in haste, nor to judge of his works, nor to assign to him a place as surgeon. But there are some traits so characteristic; qualities so well recognized, and discoveries so well known to science, that we run no risk to recall them at the moment when he has just gone from among us, and it is our duty not to permit a great name to disappear without recounting the principal deeds of him who has earned it from public gratitude.

M. Roux has written much, has published numerous memoirs, has inserted many articles in the different journals and has taught for more than half a century; his surgical practice has been most extensive. His writings evince great erudition and he was in fact, one of the best instructed anatomists and surgeons of this age.

The student and friend of Bichat, he published the fifth volume of the *Anatomy* of his illustrious preceptor.

The account of a voyage to London in 1814, in which he presents the parallel of English and French surgery is perhaps the work in which M. Roux shows to the best advantage, his profound acquaintance with the art, and his talent of exposition. This book, in which the fire of youth shines, is read to-day with a lively interest, and I regretted leaving it to write this memoir.

As to the surgical means and new procedures which he has introduced, we here cite the principal. The most excellent work of M. Roux as surgeon is his operation of staphylora-

phy. This curious operation merits some details which will be interesting to our readers. All are familiar with the deformity with which some children are born which consists in the division of the upper lip, and which is designated as hare lip. A like defect in conformation exists, sometimes in the soft palate; and from this results, among other inconveniences, an extremely disagreeable difficulty in the pronunciation, often to such an extent as to render the speech almost unintelligible. Art had a long time since remedied hare lip, by an operation now become common; but it was not so with the division of the soft palate. No one had as yet endeavored to repair it, except perhaps a surgeon of Berlin, Graeffe, who had made in 1815 a fruitless attempt.

How were instruments for paring and stitching the borders of this cleft to be introduced to the bottom of the mouth and there manœuvred? And how moreover, was a part so essentially moveable from its nature and functions to be maintained in a fixed position till cicatrisation should occur? All the invention of a sagacious mind, and all the dexterity of a most skilful surgeon were demanded. By these conditions themselves this operation fell to M. Roux. It was in 1824 that he made his first attempt, with the best success, and under circumstances well calculated to fix the attention: it was on a young American physician, Mr. Stephenson, who was barely able to articulate, and who, after the cure, came himself to make the recital of the operation before the Academy of the Sciences.

This operation, known since as *Staphyloraphy*, consists in several points of suture applied on each side of the division, and so tied as to put its edges in contact, after having pared them. Four or five days of absolute immobility of the parts is necessary for cicatrization; so the operation sufficiently disagreeable of itself to the patient is not the most painful part of the cure. The greatest torment is to remain several days without speaking, without eating, without drinking and even without swallowing saliva.

It is evident that this requires a fixed resolution and a mature mind; so that such an operation is only applicable to adults of great determination. Here is the defect of the first

method invented by M. Roux; for in this operation as in hare-lip, a great advantage and much greater chances for success would be gained by operating early on young subjects. Many distinguished surgeons have considered this difficult problem, and many modifications of the original operation, more or less ingenious have been proposed. For a long time they have only been of secondary importance and were only designed to facilitate the operation. Mr. Roux has continued to operate as at first, and for more than twenty years he has very properly had the monopoly of Staphyloraphy.

If we are not mistaken he performed it about one hundred and thirty times. One of those circumstances in which the character of M. Roux is seen as we have endeavored to represent it, was when a younger surgeon, already celebrated in science, his colleague in the Institute depreciated his cherished method by proposing such an improvement upon its execution and its results, that it constituted in reality a new operation. M. Roux welcomed the views and facts of M. Sedillot. It was an improvement, and if he did not adopt it himself, he was, favorable to its adoption by others.

One of the most curious operations of M. Roux was *resection of the first Metacarpal bone*.

Let us imagine a seamstress having no other means of subsistence than her needle, afflicted with an incurable disease, with a caries of the bone which supports the thumb; she is reduced to misery and want, for art possesses no other resource for relieving her than an entire removal of the thumb.

It is in this condition that a poor woman presents herself to M. Roux; the ingenuity of this surgeon is tasked, and he conceives the possibility of removing the diseased bone, and preserving the thumb, and all the muscles that move it, entire. He performs this admirable operation with such success that the poor woman sews and knits as if nothing had ailed her, and supports herself as before.

Roux is not the author of resections which so much excited his admiration among the English, and for which he gives them full credit in his book of 1814. But he practiced and extended them wonderfully. When he was at the Institute he was not content with theses which would have secured him a place in the chief learned body of the world; he paid his ini-

tiation by reading a beautiful memoir on a mode of repairing one of the most direful accidents sometimes resulting from labor throes—rupture of the *perineum*. M. Roux put forward successfully his *suture enchevillee*. It is also to M. Roux that we owe the improvement in the treatment of ulcers by the application of adhesive strips according to Bayton's method.—He saw the principle of this method at his first sojourn in London, he lost no time in determining its efficacy in the Hospital de la Charite. He was also a great patron of Hunter's or rather of Anel's method of treating external aneurism.

It would be necessary to pass in review all parts of surgery to recount all the service M. Roux has rendered to the science; for everywhere we recognize his hand; a hand the most skilful and elegant imaginable. This is an undisputed point among his adversaries. M. Roux was a wonderful operator. what a prodigious number of operations of all kinds has he performed during his long career! He estimated, I think, the number of his operations for cataract at five or six thousand. This was, in fact, one of the operations in which he especially excelled.

M. Roux was sincere, and he told of his failures as well as his successes; it may be even said that he displayed a little affectation in confessing his errors. But this is a fault which runs no risk of becoming contagious. We will confine ourselves to these few words and to this feeble tribute to the memory of our venerable teacher, of the man whom we love, more than we admire, and it is this sentiment which we wish to express at the moment when it affects us the most. Others more competent will examine his works and assign to him his position. We are sure that position will always be high and honorable.

DR. AL. DONNE.

CHOLERA INFANTUM, DIARRHŒA OF CHILDREN, INTESTINAL IRRITATION.

As this is the period of the year, when intestinal affections among children are prevalent, and too often fatal, we think, a hint or two of a practical nature may be useful.

The irritation which attends an advancing tooth, during primary dentition, is frequently productive of vomiting and purging. Division of the irritated gums, is often all that is required to cure the child. In this instance we see that a distant irritation is sufficient to excite the acts of vomiting and purging. Indigestible food, acting upon the surface of the stomach—upon a different nerve, but one of the same class—will also excite vomiting and purging. The same effects may be produced by irritation at various other points of the system.

It is a law of the nervous system, which we think to be established, but which we cannot stop here to discuss, viz: that the persistence of a local irritation may produce general irritability or *augmented excitability*. A striking but peculiar example of this law is seen in cases of Tetanus. A local irritation, in this disease, produces augmented excitability, so that a breath of air or a drink of water is capable of exciting the most frightful spasmodic action of the muscular system. This law holds good in many other maladies, but less obviously.

The irritation from teething or that from indigestion is capable, we think, of inducing augmented excitability, in the prominently developed nervous system of children, so that afterwards slighter causes are capable of unduly exciting the nervous system.

The heat of summer, has undoubtedly, a modifying influence upon the susceptible nervous system of childhood; which acting alone, or in conjunction with other causes of irritation, is capable of developing morbid effects. When this augmented excitability has been induced, the influence of light, noise, disturbances of the emotions, &c. are sufficient to keep up, or even to produce disease.

These various irritations, act on the spinal nervous system—the system, which presides chiefly over all the motor actions

of the body, governs all the acts of ingestion and egestion, of retention and exclusion, and concerns, perhaps, the outlet of every secreting organ; and when it is considered that this is an established doctrine of physiology, the importance—the *primary* importance which we give these various irritations, as productive of the vomiting and purging; the fever, the inflammation, the disordered secretions; the convulsions, will not be considered as extravagant.

When these principles are held in view, the mode of treating these diseases of childhood becomes obvious.

Every source of irritation should be removed. The child ought to be confined in a cool, airy, quiet, and somewhat darkened apartment, remote from noise and separated from all useless nurses and visitors. The gums, if found swollen, ought to be *early* and freely divided. The warm bath should be given from time to time to soothe the restlessness, jerking, and other disquietudes of the nervous system. In administering the bath, it should be done so as not to fatigue or alarm the child; and when it is taken from the water, it should be dried without rubbing, and placed comfortably in bed, when sleep will generally ensue.

When called to cases of cholera infantum or diarrhœa, it will often be found that the stomach and bowels contain undigested food, and secretions that are sour, acrid and offensive. The discharge of these should be always favored, by vomiting, by warm water enemas and sometimes by a decided purgative dose of rhubarb and magnesia.

I have found the following, from some considerable experience, to answer an excellent purpose:

R. Carbonate Magnesia,
Bicarbonate potassa
Pow'd. Rhubarb aa ʒ xii
Syrnp Gum Arabic ʒss
Water ʒi

Mix and make an emulsion.

Dose—A teaspoonful to be given three or four times a day until the discharges cease to be offensive and sour.

Sometimes after the removal of every possible source of irritation and after the bath, the child will be found fretful and sleepless, then from a fourth to a half a grain of the extract

of hyoscyamus, in connection with two or three grains of bicarbonate of potassa, repeated three or four times a day will have an excellent effect. The following formula is convenient:

R. Ext. Hyoscyamus gr. ii to gr. iv
 Bicab. potassa aa gr. xvi
 Syrup acacia aa 3 ss.

Dose—A teaspoonful.

The food of the child should be barley or rice water.

The milk of the mother should be especially avoided if she should be out of health, pregnant or suffering mental anxiety. When milk passes from the bowels undigested, it is evidence sufficient that it is unsuited to the child and should not be allowed. When the child needs sustenance or support, a little plain veal or chicken broth will sometimes be found better than the mother's milk.

After the discharges have been copious or long continued, and threaten exhaustion the acetate of lead, or the chalk mixture with astringents will frequently be necessary.

In cases where the diarrhœa is moderate, the abdomen full and hard, and the child feverish, two or three grains of calomel may be given and followed by castor oil or rhubarb.

In all cases, as before observed, when there is evidence that the bowels contain irritating secretions, or undigested food, means ought to be used to effect their discharge.

Sometimes an enema of warm water will fulfil the indication, but at other times purgatives, or even emetics may be required.

One of the errors most frequently committed in the treatment of these diseases, in the onset, is the failure to empty the primæ viæ adequately of its irritating contents.

When this is accomplished early, and all new sources of irritation excluded, the subsequent treatment will be simple, and we, think, most generally certain.

We can conceive of conditions, where the mercurial treatment—the exhibition of small portions of calomel or of Hydrargyrum cum creta may be useful and even indispensable; but this course of medication, is we think, too frequently employed. The effect of it is to excite either directly or indi-

rectly, the mucous surface of the bowels, to develope local inflammation and to induce exhaustion.

The sad mortality which everywhere follows this treatment should induce caution. B. M. W.

SYRUP OF ELDERBERRIES (SAMBUCUS CANADENSIS) AS A SUBSTITUTE FOR THE COMPOUND SYRUP OF SARSAPARILLA.

BY WILLIAM H. WORTHINGTON, M. D., of West Chester, Pa.

There being much dissatisfaction attending the use of the Compound Syrup of Sarsaparilla in the hands of some physicians, the Syrup of Elderberries was recommended to my notice by Dr. Benjamin H. Stratton, of Mount Holly, N. J., who for some years has been in the habit of using it in all cases of disease, in which an alterative action upon the system was desired, and for which the sarsaparilla is usually employed. In the treatment of gout, chronic rheumatism, eruptive and syphilitic affections, he has used it combined with the iodide of potassium, with marked benefit. The formula used by him is the following:—

℞.	Juice of Elderberries,	.	.	.	Oxvj.
	Sugar Crystal,	.	.	.	lbxvj.

Mix and boil to a syrup; after allowing it to cool, add to every pint of syrup one ounce of the best fourth proof French brandy, bottling and keeping in a cool place.

Dose, from a dessert to a table spoonful three times a day.

Flattering myself that an improvement could be made in the preparation of the above syrup without injury, I have prepared a compound syrup of elderberries, containing some, if not all of the most active ingredients of the compound syrup of sarsaparilla, (*Guaiaci lignum* and *Sennæ fol.*;) by this means, as I think, increasing the alterative virtues of the syrup, giving it a more marked and active character in the treatment of gout, rheumatism, &c., than it possessed without them. To this syrup may be added the iodide of potassium to suit the views of those prescribing. The formula is as follows:—

℞.	Juice of Elderberries,	-	-	-	Oxvj.
	Sugar Crystal,	-	-	-	lb.xvj.
	Guaiacum wood,	-	-	-	℥iv.
	Senna leaves,	-	-	-	℥iii.

Put the sennæ fol. and the guaiac. lig. in three pints of water, boiling it down one-half, and strain. Put the juice and sugar in a kettle, place it on the fire, and when it has

come to a boil, add the decoction of guaiac. lig. and semuæ fol., allow it to boil to a syrup, when it must be taken off strained and let cool. To every pint of syrup add one ounce of the best fourth proof French brandy, bottling and keeping in a cool place.

Dose, the same as preceding.

The syrup of elderberries is given to the profession chiefly upon the recommendation of Dr. Stratton, whose skill and experience as a practitioner is entitled to the confidence of his medical brethren. If, as he believes, it possesses more certain and prompt remedial virtues as an alterative than sarsaparilla, it ought to be added to our catalogue of officinal articles. The difficulty of obtaining at all times good sarsaparilla, and especially in the country, increases the claims of this syrup upon our rural practitioners, who can command with facility, and in great abundance, the material for its preparation.—*Medical Reporter*.

LOUISVILLE MARINE HOSPITAL.

We have received the report of this Hospital for the year ending March 10, '54. From which it appears 1045 persons have been admitted last year, and of them 111 died. The report for the year '52-'3 shows 1373 admitted, and 174 deaths. This falling off in the number of patients and of deaths is attributed to the good health of the city and adjacent county,

The following officers were chosen for the ensuing year.

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C. L. LYLE. OLDHAM ROSS. RICHARD RUDD.

CONSULTING PHYSICIANS.

U. E. EWING. JNO. HARDIN. B. M. WIBLE.

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WM. LYLE.

JO. SMITH.

SUPERINTENDENT.

W. P. FISHER, M. D.

Dr. LYLE, Physician to the L. M. Hospital, is trying in connexion with the old remedies for cholera, chlorine water with a faint promise of success. We have received this note from him relative to it.

EDITOR OF THE MEDICAL RECORDER,

Dear Sir:—In reply to your inquiry as to my success in the treatment of the collapse of cholera, and that condition approaching it, with chlorine, I can report four cases evidencing a very near approach to, if not real collapse; The puking and purging seeming to have ceased for want of material, the patients in a state of torpor, skin cool and moist, with the putty-like, lifeless feel; the countenance dusky; eyes suffused and injected; pulse scarcely perceptible at the wrist; the capillary circulation of the surface almost lost; voice husky; tongue flabby and cool—in fact all that shows the prostration which usually attends this condition. I have used in connection with the usual sustaining measures, viz; Brandy and well seasoned animal broths, frictions, sinapisms of 3 Aq. Chlorinata every half hour. Since I have adopted this treatment my patients have improved rapidly without a single exception I do not know how much credit is due to the chlorine, only that patients apparently in the same condition—the treatment with the exception of the chlorine, being the same—do not do so well.

I will report the result of farther trial with it. I find Elixir Vitriol to answer admirably well in incipient stages.

Respectfully,

C. L. LYLE.

CRITICAL REMARKS UPON DR. DRAKE'S BOOK.

We find in the *Vierteljahrschrift für die praktische Heilkunde*, published at Prague, a notice of Dr. Drake's book. After copious extracts from it, we have the following critical remarks:

"Here the first part of the work closes and the author adds that all the diseases are treated of in direct reference to soil and climate, and that their consideration will immediately follow the first book on general Aetiology, accordingly as they most tend to illustrate the importance of the facts therein given.—The author concludes with the modest remark, that much must be added to the book, that many mistakes must be corrected before a general reception can be demanded for it.

He will, he says, never regret his labor, if he should have excited the attention of any young physician to an accurate investigation of fever; or if he prove instrumental in the recovery of a single patient, who otherwise would have fallen a victim to this disease. Unfortunately this decided tendency to the practical is often coupled with a neglect of a rigorous investigation of pathological questions. What renders this most objectionable is the neglected view of the symptomatic examination of diseases, the neglect of ontological pathological and anatomical facts, as well as a great inattention to physical diagnosis, and too great dependence upon the subjective symptoms. Whence we conclude one is not always convinced by objective truths.

We cannot be persuaded that all the cures reported as chronic hepatitis were really such, when he cites for us only pain jaundiced color, hypocondriacal sensibility, &c., as symptoms—not one post mortem confirms the assumed diagnosis. And the autopsies furnished by other cases are very imperfect; the examination is limited to an inspection of these organs which were expected to be found diseased. Nor do we find one instance of a thorough and accurate description of the condition of all the organs of the body. Besides, the number of post mortems made were too insignificant to establish the many inferences drawn from them.

The observations made are likewise imperfect and unsatisfactory, especially upon the physical examination of the chest. We can form absolutely no conception of the condition of the lungs, when the author says of a patient, "By percussion I found resonance loud and hollow, even over the spleen; his respiration was a little bronchial." No statement as to the condition of the secretions, as to reaction, as to their chemical retention, as to their quantity before and after a paroxysm of fever, before and after the exhibition of quinine, we find to be made. Yet such investigations as these would have been of great scientific interest, and on account of the great number of his cases of practical utility. It may be in this way only, that we can succeed in solving such questions as these, viz: by obtaining an accurate knowledge of the changes, the chemistry of the sick man undergoes, and thence determining the specific influence the alkaloid of Cinchona produces in the economy. Whether the author had time and opportunity for prosecuting such researches we do not know. It is not our aim to find fault, but only to point out here the way in which a discovery might have been given to science.

As to the Therapeutics, they border close upon gross empiricism, and the indications set down by the author are often very widely removed from such as conduce to a rational practice,—nay, they are often as unintelligible as the *modus operandi* of his remedies. For instance, the author says of remittent fever, "It may be the duty of the physician to convert the remittent into an intermittent, or to bring about skillfully an intermission, &c." As to the medication, the choice of medicines, and their doses, it is not becoming for us to judge. It is very possible, the various climatic and other differences considered, that many of his remedies may prove judicious.

The author in many places denounces polypharmacy and the employment of too large doses of medicines so common in his country.

At the same time that we render prominent the defects in this work, of which, perhaps, the author himself is aware, we

admit that the practicing physician of America, for whom the book was expressly written, may doubtless find in it much useful information, and that it contains, also, for the European physician much interesting matter.

In the first part, which seems to us the best of the work, the subjects are treated of with more ability; it is only astonishing that the author, with so precise a valuation as he puts upon the physical laws of life, and their concomitant influences should nevertheless adhere to so erroneous a teleological view of nature, as she presents herself to us in many of the phases he considers."

CHOLERA.

We intend to give in this number a summary of the treatment of this disease, which threatens to visit every portion of our country this summer. Want of space will compel us, for the present, to confine ourselves to a hasty notice of new remedies. We have looked over many late journals, foreign and domestic, but nothing very encouraging is offered to us for the treatment of cholera.

In the *Lancet* is an article by J. Innis Mackintosh on the use of sugar. He says out of *thirteen* cases of deep collapse, in which sugar was used, only four died. In several cases it seemed to arrest the rice-water purging. Two ounces of refined sugar were dissolved in six ounces of camphor mixture, with a little rectified spirits; of this, half an ounce every ten minutes, is the dose.

The frequent and strong recommendations of sulphuric acid in cholera and choleraic diarrhoea, will borne in mind.—Dose. twenty drops of the acid every twenty minutes, or after every operation.

Dr. Fuller, Assistant Surgeon to St. George's Hospital, declares it to be specific against choleraic diarrhoea, and for that against cholera, as powerful, as energetic, and as certain as quinine against ague!

Iowa testimony continues to be added to the efficacy of large doses of calomel. In this city this treatment is rapidly becoming obsolete. We believe we have tried it sufficiently to satisfy us of the rarity of its good effects

Antagon

John Grove, of England, believes sulphur to be the antidote and remedy against cholera. He refers to the testimony of Mr. Blacklock, in India, and Dr. Bird in America. If the opinion of the former gentlemen is to be substantiated by that of the latter, it is worth but little, in our opinion.

No new results are given of the rejection of views. Dr. G. Owen recommends a powder of chloride of sodium $\mathfrak{z}\text{iii}$, phosphate of soda $\mathfrak{z}\text{iss}$, sulphate of soda $\mathfrak{z}\text{ss}$. Water is to be poured upon this till its specific gravity is 1030. Injections of veins, though rarely done, is quite easy; It may be done with an ordinary syringe and blow pipe. A case is reported in which obstinate vomiting could be relieved by nothing but the inhalation of chloroform. The patient recovered.

We see that some one reports in the Lancet, that of seven or eight cases of total collapse, in which a piece of linen dipped in brandy was burnt upon the epigastrium, three recovered. We have tried this remedy often enough to be convinced alike of its barbarity and unutility.

It is said that the natives of India are accustomed, in desperate cases, to apply the actual cautery freely to the abdomen, with happy results. We once, in a desperate case, applied Vienna paste freely upon the epigastrium. We will never do it again. The Russian mode of packing the patients in ice deserves more attention than it has received.

Since receiving the note from Dr Lyles we have seen two other of his patients treated with chlorine: one is certainly in good condition, though nearly collapsed when brought in. The other is apparently a desperate one; yet Dr. Lyle assures us that she is improving slowly. We trust that we may not be disappointed in the hope that chlorine may prove eminently useful in collapse.

Dr. Colson H #

NEW SERIES.

VOL. 3.—No. 1.

KENTUCKY MEDICAL RECORDER.

EDITED BY

H. M. BULLITT, M. D., & R. J. BRECKINRIDGE, M. D.

SEPTEMBER, 1853.

PUBLISHED ON THE 1st OF EACH MONTH. ONE DOLLAR PER ANNUM.

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NEW SERIES.—Edited by H. M. BUL-
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Published by W. N. HAGEMAN, at the Office
of the Louisville Courier, on the 1st of every
month.

Terms—\$1 a year, payable invariably in
advance.

Books, pamphlets, plates, &c., for
review, and all communications relative to the
editorial department, to be addressed to the
Editors of the Kentucky Medical Recorder, Lou-
isville, Ky.

Subscriptions, advertisements, and all busi-
ness communications, to be forwarded (post
paid) to R. J. BRECKINRIDGE, M. D., Louis-
ville, Ky.

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One square of 12 lines or less, one inser-
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500 miles and under, (if paid in advance) per
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TO THE MEDICAL PRACTITIONERS OF KENTUCKY.—At the last meeting of the State Medical Society of Kentucky, the undersigned was appointed chairman of the Committee on Surgery, and he respectfully requests medical gentlemen, in different parts of the State, to communicate to him an account of any cases or professional observations, of special interest, that have recently occurred to them in the surgical department of their practice.

He would particularly request precise and circumstantial replies to the following enquiry, from any who can make them affirmatively viz:

Have you ever known any, and if any, how many instances of death from uncomplicated diseases of the Ovaria, and what was the age of the patient or patients at the time of death?

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The regular course will begin on the first Monday in November, and continue until the close of the session. It will embrace thorough, comprehensive and rigid daily examinations on the different branches taught in the schools, besides lectures on various subjects of interest and importance not embraced in the professional course. The examinations will be as follows:

Anatomy and Surgery,.....	Dr. Forsyth.
Obstetrics and Chemistry,.....	Dr. Miller.
Physiology, Pathology, Theory and Practice of Medicine, and Materia Medica,.....	Dr. Lyle.

A preliminary course will be held during the month of October. The course of instruction will be complete, full, and PRACTICAL.

C. L. LYLE,
ALEX. FORSYTH,
W. H. MILLER.

LOUISVILLE, October 1, 1853. 16

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T. O. EDWARDS, M. D., Registrar.
Sept. 15, 2t.

PRIVATE MEDICAL INSTRUCTION.—The undersigned have associated themselves for the purpose of giving private medical instruction during the ensuing winter. The regular course will begin on the first Monday in November, and continue until the close of the session. It will embrace thorough, comprehensive and rigid daily examinations on the different branches taught in the schools, besides lectures on various subjects of interest and importance not embraced in the professional course. The examinations will be as follows:

Anatomy and Surgery,	Dr. Forsyth.
Obstetrics and Chemistry,	Dr. Miller.
Physiology, Pathology, Theory and Practice of Medicine, and Materia Medica,	Dr. Lyle.

A preliminary course will be held during the month of October. The course of instruction will be complete, full, and PRACTICAL.

G. L. LYLE,
ALEX. FORSYTH,
W. H. MILLER.

LOUISVILLE, October 1, 1853. 11

Prof H M Elliott

KENTUCKY MEDICAL RECORDER.

EDITED BY

H. M. BULLITT, M. D., & R. J. BRECKINRIDGE, M. D.

DECEMBER, 1853.

PUBLISHED ON THE 1ST OF EACH MONTH. ONE DOLLAR PER ANNUM.

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J. B. LINDSLEY, M. D., Dean.

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Lexington, Ky., Jan. 1853.

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Nashville, Tenn. Feb., 1853.

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Wm. W. W.

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William Brewster

June 1891

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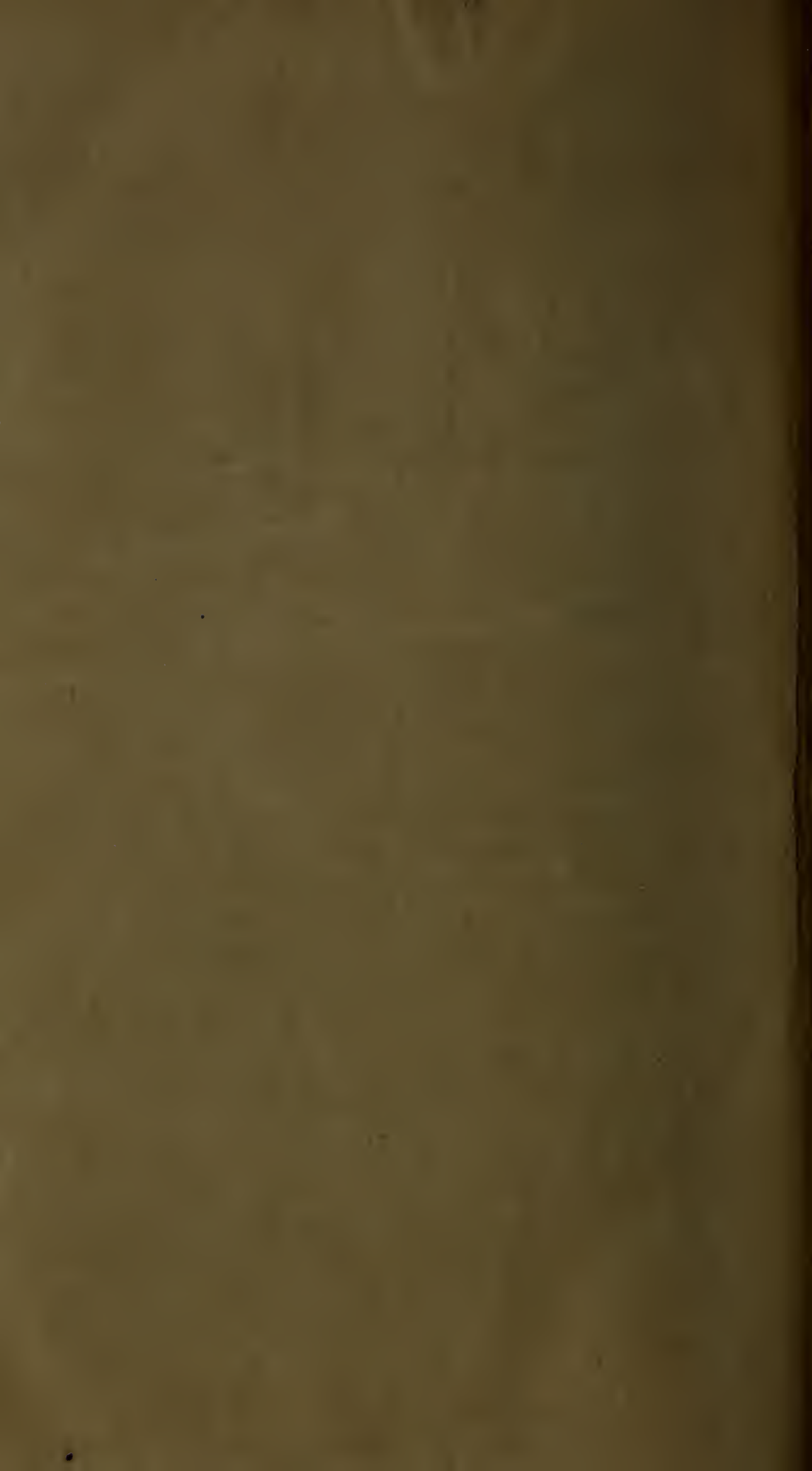
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The undersigned will hereafter devote his special attention to the treatment of *Stone in the Bladder*, and other diseases of the *Genito Urinary Organs*

His treatment of Stone will be by the operation of LITHOTRITY, (or crushing,) as practised by CIVIALE of Paris.

B. I. RAPHAEL. M. D.

Formerly Resident Surgeon of the N. Y. Hospital, consulting Surgeon of the Louisville Marine Hospital &c.

OFFICE,—Odd-Fellows Hall, Louisville.

REFERS TO—His Excellency, L. W. Powell, Governor of Ky. Hon. R. C. Wintersmith, State Treasurer. J. S. Speed, Mayor Louisville. Hon. Wm. Preston member of Congress from Ky. Hon. Nat. Wolfe, State Senator Ky.

ADVERTISEMENT.

Medical College of Ohio.—SESSION OF 1853-'54. The Thirty-fourth Annual Course of Lectures will commence on the first Monday in November, under the following arrangement, and close on the last of February:

FACULTY.

- M. LAWSON, M. D.,** Professor of the Principles and Practice of Medicine, and Clinical Medicine;
T. O. EDWARDS, M. D., Professor of Materia Medica and Therapeutics, and Medical Jurisprudence.
G. W. BAYLESS, M. D., Prof. of Anatomy.
ASBURY EVANS, M. D., Professor of the Principles and Practice of Surgery, and Clinical Surgery.
M. T. MARSHALL, M. D., Professor of Obstetrics and the Diseases of Women and Children.
SAMUEL G. ARMOR, M. D., Professor of Physiology and Pathology.
CHARLES W. WRIGHT, M. D., Professor of Medical Chemistry and Toxicology.
THOMAS WOOD, M. D., Professor of Surgical and Practical Anatomy.

The Dissecting Rooms will be opened on the first of October, under the care of the Professor of Surgical and Practical Anatomy, and students may rely on a full supply of *material* throughout the session.

Clinical Lectures, by the Professors of the Practice of Medicine and Surgery, will be delivered regularly throughout the session, at the Commercial Hospital. In addition to this, a College Clinic will be established, which will afford a large amount of clinical instruction.

Preliminary Lectures will be delivered during the month of October, by the members of the Faculty. This course (which will be free) will embrace lectures at the Hospital and College. It will not infringe on the regular course.

The New College Edifice is an ample and convenient building, and is well adapted to the comforts of students.

Fees.—For the whole course, including the Dissecting Ticket, \$101; Matriculation Ticket, \$5; Hospital Ticket, \$5; Graduation Fee, \$25.

Good Board, including fuel and lights, will average about \$2.50 per week.

L. M. LAWSON, M. D., Dean.
T. O. EDWARDS, M. D., Registrar.
 Sept. 15, 21.

UNIVERSITY OF NASHVILLE.

MEDICAL DEPARTMENT. The Third Annual Course of Lectures in this Department will commence on Tuesday the first of November next, and continue till the first of the ensuing March.

PAUL F. EVE, M. D., Principles and Practice of Surgery.

JOHN M. WATSON, M. D., Obstetrics and the Diseases of Women and Children.

A. H. BUCHANAN, M. D., Surgical and Pathological Anatomy and Physiology.

W. K. BOWLING, M. D., Institutes and Practice of Medicine.

C. K. WINSTON, M. D., Materia Medica and Medical Jurisprudence.

ROBERT M. PORTER, M. D., General and Special Anatomy.

J. BERRIEN LINDSLEY, M. D., Chemistry and Pharmacy.

WILLIAM T. BRIGGS, M. D., Demonstrator of Anatomy.

The Anatomical rooms will be opened for students, on the first Monday of October.

A full Preliminary course of Lecture will be given by the Professors, commencing also on the first Monday of October.

The Students will have free access to the State Hospital.

Fee of each Professor \$15. Matriculation tickets \$5; Dissecting ticket \$10 Graduation fee \$25.

Good board can be obtained in the city at from \$2.50 to \$3 per week. Further information may be obtained by addressing the Dean.

Nashville, Tenn. Feb., 1853.
J. B. LINDSLEY, M. D., Dean.

KENTUCKY SCHOOL OF MEDICINE.

The Third Session of the Kentucky School of Medicine will commence on the first Monday in November next, and continue four months, with the following Curriculum and Faculty:

BENJ. W. DUDLEY, M. D.,—Emeritus Professor of Anatomy and Surgery.

ROBERT PETER, M. D.,—Professor of Medical Chemistry and Toxicology.

JOSHUA B. FLINT, M. D.,—Professor of the Principles and Practice of Surgery.

THOMAS D. MITCHELL, M. D.,—Professor of the Theory and Practice of Medicine.

ETHELBERT L. DUDLEY, M. D. and **JAMES M. BUSH, M. D.,**—Professors of Special and Surgical Anatomy, Operative and Clinical Surgery.

LLEWELLYN POWELL, M. D.,—Professor of Obstetrics and Diseases of Women and Children.

HENRY M. BULLITT, M. D.,—Professor of Physiology and Pathology.

R. J. BRECKINRIDGE, M. D.,—Professor of Materia Medica and Therapeutics.

DAVID CUMMINS, M. D.,—Demonstrator of Anatomy.

JAMES W. TATUM,—Janitor.

The fees for the whole course of Lectures amount to \$105. Matriculation fee \$5, to be paid once only. Graduation fee \$25. Dissecting ticket \$10. Hospital ticket (which admits to the Clinical Lectures at the Louisville Marine Hospital) \$5. The Surgical Cliniques, for this season, will be given by Prof. DUDLEY, of this school.

JOSHUA B. FLINT, Dean of the Faculty

PENNSYLVANIA UNIVERSITY.—MEDICAL DEPARTMENT.—SPRING TERM.

The time of the Medical Course having been changed, the 35th Session will commence on the 15th March, 1853, and will continue for four months, under the direction of the Faculty; viz.

BENJ. W. DUDLEY, M. D., Emeritus Professor of Surgery.

ROBT. PETER, M. D., Professor of Chemistry and Pharmacy.

JAS. M. BUSH, M. D., Professor of General and Special Anatomy.

SAMUEL ANNAN, M. D., Professor of Theory and Practice of Medicine.

J. R. ALLEN, M. D., Professor of Materia Medica and Therapeutics.

SAMUEL M. LETCHER, M. D. Professor of Obstetrics and Diseases of Women and Children.

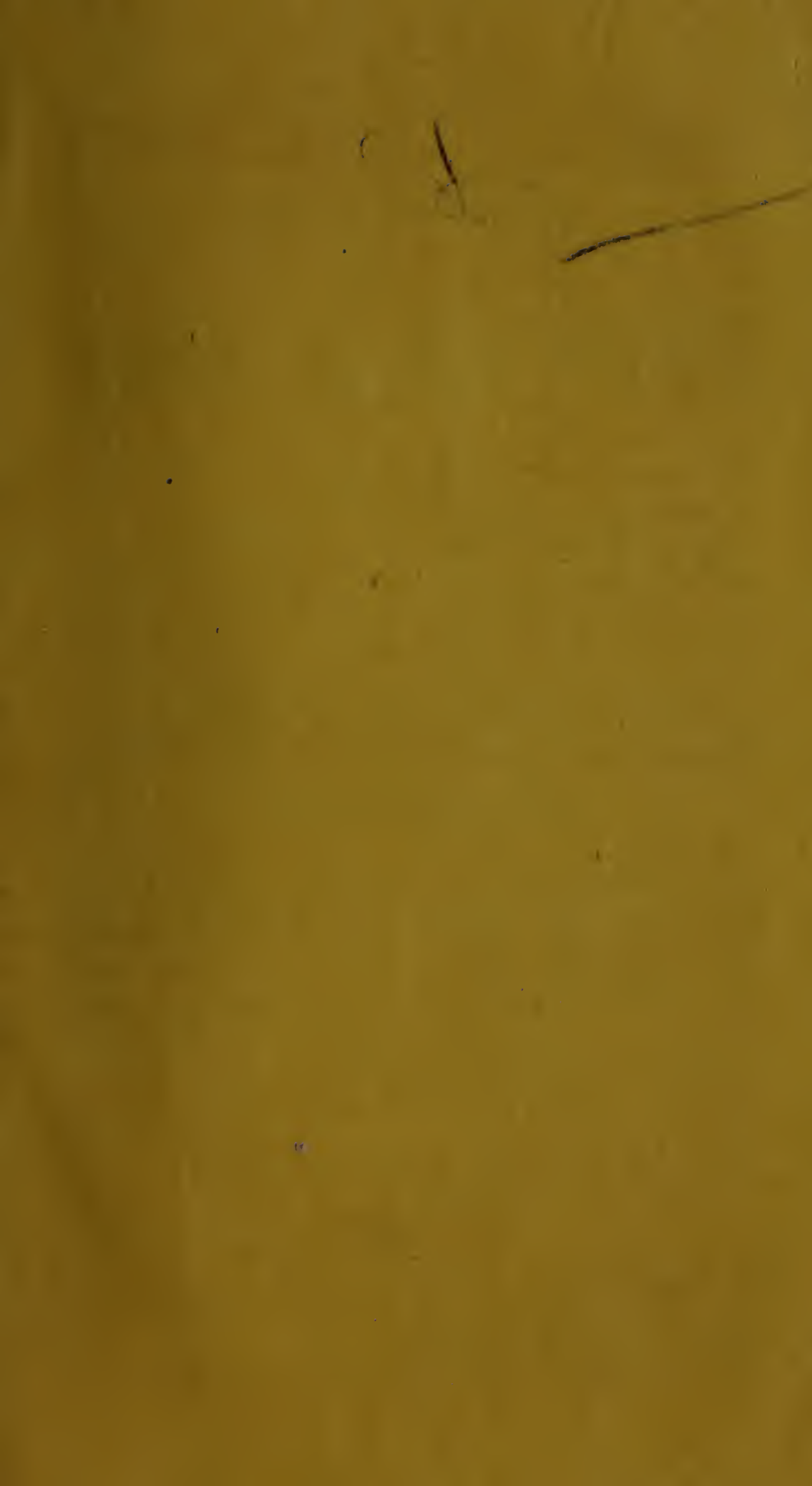
HENRY M. SKILLMAN, M. D., Professor of General and Pathological Anatomy and Physiology.

ETHELBERT L. DUDLEY, M. D., Professor of Principles and Practice of Surgery.

JAMES M. BRUCE, M. D. Demonstrator of Anatomy.

The cost of the full course has been reduced to \$70 in advance; to those who have attend two full courses elsewhere, \$45. Matriculation, \$5. Graduation Fee, \$25. Demonstrator's Ticket \$8. Boarding from \$2 to \$3 per week. **ROBERT PETER, M. D.,**
DEAN OF THE MEDICAL FACULTY.

Lexington, Ky., Jan. 1853.



ADVERTISEMENTS.

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L. M. LAWSON, M. D., Dean.
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Nashville, Tenn. Feb., 1853.

J. B. LINDSLEY, M. D., Dean.

KENTUCKY SCHOOL OF MEDICINE.

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LLEWELLYN POWELL, M. D.,—Professor of Obstetrics and Diseases of Women and Children.

HENRY M. BULLITT, M. D.,—Professor of Physiology and Pathology.

R. J. BRECKINRIDGE, M. D.,—Professor of Materia Medica and Therapeutics.

THOMAS W. COLESCOTT, M. D.,—Professor of Anatomy.

JOHN HARDIN, M. D.,—Professor of the Theory and Practice of Medicine.

WM. ANDERSON, M. D.,—Professor of Medical Chemistry and Toxicology.

DAVID CUMMINS, M. D.,—Demonstrator of Anatomy.

J. B. GRAY,—Janitor.

The fees for the whole course of Lectures amount to \$105. Matriculation fee \$5, to be paid once only. Graduation fee \$25. Dissecting ticket \$10. Hospital ticket (which admits to the Clinical Lectures at the Louisville Marine Hospital) \$5. The Medical Clinic for this season, will be given by Professor BRECKINRIDGE, and will begin the 1st Monday in October.

R. J. BRECKINRIDGE, M. D.,
 Dean of the Faculty

TRANSYLVANIA UNIVERSITY.—MEDICAL DEPARTMENT.—SPRING TERM.

The time of the Medical Course having been changed, the 35th Session will commence on the 15th March, 1853, and will continue for four months, under the direction of the Faculty; viz.

BENJ. W. DUDLEY, M. D., Emeritus Professor of Surgery.

ROBT. PETER, M. D., Professor of Chemistry and Pharmacy.

JAS. M. BUSH, M. D., Professor of General and Special Anatomy.

SAMUEL ANNAN, M. D., Professor of Theory and Practice of Medicine.

J. R. ALLEN, M. D., Professor of Materia Medica and Therapeutics.

SAMUEL M. LETCHER, M. D., Professor of Obstetrics and Diseases of Women and Children.

HENRY M. SKILLMAN, M. D., Professor of General and Pathological Anatomy and Physiology.

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ROBERT PETER, M. D.,
 DEAN OF THE MEDICAL FACULTY.

Lynchburg, Va. Jan. 1853.

1/11/11

J. J. Hood

KENTUCKY MEDICAL RECORDER.

EDITED BY

H. M. BULLITT, M. D., & JOHN BARTLETT, M. D.

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JUNE, 1854.

PUBLISHED ON THE 1ST OF EACH MONTH. ONE DOLLAR PER ANNUM.

Advertisements.

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NEW SERIES.—Edited by H. M. BULLITT, M. D. & JOHN BARTLETT, M. D. Published by W. N. HAYDEMAN, at the Office of the Louisville Courier, on the 1st of every month.

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ADVERTISEMENT.

Medical College of Ohio.—SESSION OF 1854-'55. The Thirty-fifth Annual Course of Lectures in this Institution will commence on the 30th day of October, and continue until the last of February.

FACULTY.

SAMUEL G. ARMOR, M. D., Professor of Pathology and the Practice of Medicine.
T. O. EDWARDS, M. D., Professor of Materia Medica, Therapeutics and Medical Jurisprudence.
THOMAS WOOD, M. D., Professor of Anatomy.
ASBURY EVANS, M. D., Professor of the Principles and Practice of Surgery, and Clinical Surgery.
N. T. MARSHALL, M. D., Professor of Obstetrics and the Diseases of Women and Children.
JAMES GRAHAM, M. D., Professor of Physiology and Clinical Medicine.
JOHN A. WARDER, M. D., Professor of Chemistry and Toxicology.
T. CAREY, M. D., Demonstrator of Anatomy.

Fee for the whole course \$92, Matriculation \$5, Hospital \$5, Graduation \$5, Demonstrator's Ticket \$3, Board \$2 50 to \$3 a week.

A Preliminary Course, free to all students will be delivered during the month of October. Clinical instructions is given twice a week at the Commercial Hospital.

A Medical and Surgical Clinique has also been established in connection with the College, at which cases will be prescribed for and operations performed in presence of the class.

Students may rely upon an abundant and prompt supply of materials.

Letters addressed to the Dean, or any member of the Faculty, will be promptly answered.

T. O. EDWARDS, M. D.,
Dean of the Faculty.

THOS. WOOD, M. D., Registrar.
June 1st

UNIVERSITY OF NASHVILLE.
MEDICAL DEPARTMENT. The Third Annual Course of Lectures in this Department will commence on Tuesday the first of November next, and continue till the first of the ensuing March.

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A. H. BUCHANAN, M. D., Surgical and Pathological Anatomy and Physiology.

W. K. BOWLING, M. D., Institutes and Practice of Medicine.

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J. B. LINDSLEY, M. D., Dean

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LEWELLYN POWELL, M. D.,—Professor of Obstetrics and Diseases of Women and Children.

HENRY M. BULLITT, M. D.,—Professor of Physiology and Pathology.

R. J. BRECKINRIDGE, M. D.,—Professor of Materia Medica and Therapeutics.

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JOHN HARDIN, M. D.,—Professor of the Theory and Practice of Medicine.

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Dean of the Faculty

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ROBT. PETER, M. D., Professor of Chemistry and Pharmacy.

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DEAN OF THE MEDICAL FACULTY.
 Lexington, Ky., Jan. 1853.

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